

07 C 7100

File Date: 01/04/2008

Case No: \_\_\_\_\_

ATTACHMENT # \_\_\_\_\_

EXHIBIT Exhibit C

TAB (DESCRIPTION) \_\_\_\_\_

# *EXHIBIT C*

*Limited Duty Job Offer Assignment*



**UNITED STATES POSTAL SERVICE**  
**LIMITED DUTY JOB OFFER ASSIGNMENT-68**

Employee: BENSON CYNTHIA  
SSN: 518-54-5758  
Job Title: DISTRIBUTION CHECK  
Tour of Duty: P.T.F  
Xographical Location: O.I.D

OWCP claim #: 402007512  
DOI: 8-1-04  
Level/Step:  
N/R Days Off: PTF (SUN)  
Salary:  
EFFECTIVE DATE: 7-27-04

## SECTION 1:

The USPS is officially offering you the following modified assignment which lists a description of the duties assigned along with physical requirements to perform the assigned tasks. This modified assignment is offered to you in good faith and is tailored to meet your physical needs. You are hereby instructed to work within those medically defined restrictions and you must submit medical documentation beyond 30, 60, 90 DAYS.

**DESCRIPTION OF DUTIES WITH PHYSICAL REQUIREMENTS**

WITHIN YOUR PHYSICAL DOCUMENTATION, THE /THIS JOB OFFER CONSIST OF  
SWEEPING THE USPS (MATTISON, IL 60443) FACILITY, OBTAINING INFORMATION FOR CUSTOMER  
Lobby. SWEEPS (REMOVING GARBAGE w/ VACUUM HOLD MAIL) IN BETWEEN STUDYING  
DESON/DLY FLD SCHEME, READING USPS MANUAL, SAFETY AWARENESS.

BASED ON MEDICAL DATED 2-25-03, THIS JOB WAS DEVELOPED TO CONFORM WITH THE FOLLOWING PHYSICAL RESTRICTIONS.

NDING N/A  
KING N/A  
RYING WEIGHTS 54  
LING WEIGHTS 33  
FTING N/A  
CHING

SITTING N/A  
LIFTING WEIGHT  
PUSHING WEIGHT  
BENDING N/A  
CLIMBING HEIGHT N/A  
DRIVING N/A

• USPS operational needs may require a change in your tour of duty and/or assignment. However, all job assignments are in strict compliance with any physical activity restrictions existing at the time the change is made to the limited duty assignment. Please indicate your decision by signing in the appropriate space below your acceptance or rejection. In accordance with 2 CFR 10.307, this job offer must be returned to the JCCO within five days of your acceptance.

ordnance with United States Code, Title 5, Section 8106(e), a partially disabled employee who either refuses to seek suitable or who refuses or neglects to work after suitable work is offered, is not entitled to compensation.

• ( ) I accept the above job offer

Date

I reject the above job offer.

for refusal. **EMPLOYEE DID NOT WANT TO SIGN** Date  
- **SAE WANTS TO TAKE THE UNITED DUTY TO**  
**ASSIGNMENT TO THE DOCTORS**

1000

**Date Authorised:**



**UNITED STATES POSTAL SERVICE**  
**LIMITED DUTY JOB OFFER ASSIGNMENT-68**

Employee: BENSON CYNTHIA  
 SSN: 318-54-5758  
 Job Title: DISTRIBUTION CLERK  
 Tour of Duty: P.T.F  
 (geographic) Location: C.I.D.

OWCP Claim#: 402007512  
 DOI: 8-1-01  
 Level/Step:  
 N/S Days Off: PTF (SUN)  
 Salary:  
 EFFECTIVE DATE: 2-27-03

SECTION 1:

The USPS is officially offering you the following modified assignment which lists a description of the duties assigned along with the physical requirements to perform the assigned tasks. This modified assignment is offered to you in good faith and is tailored to meet your physical needs. You are hereby instructed to work within those medically defined restrictions and you must submit medical documentation beyond 30, 60, 90 DAYS.

**DESCRIPTION OF DUTIES WITH PHYSICAL REQUIREMENTS**

WITHIN YOUR PHYSICAL DOCUMENTATION, THE /THIS JOB OFFER CONSIST OF  
ANSWERING THE USPS (NATISON, IL 60443) PHONE, OBTAINING INFORMATION FOR CUSTOMER  
IN LOBBY, SWEEPS (ADJUSTING CUSTOMER W/ VACANT HOLD MAIL) IN BETWEEN STUDYING  
NATISON/OLYMPUS SCHEME, READING USPS MANUAL, SAFETY AWARENESS.

BASED ON MEDICAL DATED 2-25-03, THIS JOB WAS DEVELOPED TO CONFORM WITH THE FOLLOWING PHYSICAL RESTRICTIONS.

ANDING N/A  
 WALKING N/A  
 CARRYING WEIGHT 254  
 LIFTING WEIGHT 34  
 PUSING WEIGHT 34  
 KNEING N/A  
 ACEING

SITTING N/A  
 LIFTING WEIGHT  
 PUSING WEIGHT  
 KNEING N/A  
 CLIMBING HEIGHT N/A  
 DRIVING N/A

are USPS operational needs may require a change in your tour of duty and/or assignment. However, all job assignments  
 be in strict compliance with any physical activity restrictions existing at the time the change is made to the limited duty  
 assignment. Please indicate your decision by signing in the appropriate space below your acceptance or rejection. In accordance  
30 CFR 10.107, this job offer must be returned to the ICCO within two days of your receipt.

According to United States Code, Title 5, Section 8106(c), a partially disabled employee who either refuses to seek suitable  
 work, or who refuses or neglects to work after suitable work is offered, is not entitled to compensation.

I accept the above job offer \_\_\_\_\_

Date \_\_\_\_\_

I reject the above job offer \_\_\_\_\_

Date \_\_\_\_\_

In for refusal: EMPLOYEE DID NOT WANT TO SIGN, C. BENSON  
WANTED TO WAIT UNTIL TOMORROW TO MAKE HER  
DECISION. T (SAWACKI) - C.I.C. WITH HER SHE NEEDS  
TO DECIDE AS OF THIS 2010 OFFER.

\_\_\_\_\_  
 Rized By \_\_\_\_\_

Date Authorized \_\_\_\_\_



**UNITED STATES POSTAL SERVICE**  
**LIMITED DUTY JOB OFFER ASSIGNMENT-68**

Employee: BENSON CYNTHIA  
 SSN: 318-54-5758  
 Job Title: DISTRIBUTION CLERK  
 Tour of Duty: P.T.F.  
 Geographical Location: C.I.D.

OWCP Claim #: 462007812  
 DOI: 8-1-01  
 Level/Step:  
 N/S Days Off: PTF (SUN)  
 Salary:  
 EFFECTIVE DATE: 2-27-03

**SECTION 1:**

the USPS is officially offering you the following modified assignment which lists a description of the duties assigned along with a physical requirements to perform the assigned tasks. This modified assignment is offered to you in good faith and is tailored to meet your physical needs. You are hereby instructed to work within those medically defined restrictions and you must submit medical documentation beyond 30, 60, 90, DAYS.

**DESCRIPTION OF DUTIES WITH PHYSICAL REQUIREMENTS**

WITHIN YOUR PHYSICAL DOCUMENTATION, THE /THIS JOB OFFER CONSIST OF  
ANSWERING THE USPS (NAPERON, IL 60443) PHONE, OBTAINING INFORMATION FOR CUSTOMER  
IN LOBBY, SWEEP (ASSISTING CUSTOMER W/ VASATION HOME MAIL,) IN BETWEEN STUDYING  
STATION/OLYPRO SCHEME, READING USPS MANUAL, SAFETY AWARENESS.  
 BASED ON MEDICAL DATED 2-25-02, THIS JOB WAS DEVELOPED TO CONFORM WITH THE

FOLLOWING PHYSICAL RESTRICTIONS.

ANDING N/A  
 LKING N/A  
 RAYING WEIGHTS 54.6  
 LING WEIGHTS 34.8  
 ISTING N/A  
 LCHING

SETTING N/A  
 LIFTING WEIGHT  
 PUSHING WEIGHT  
 BENDING N/A  
 CLIMBING HEIGHT N/A  
 DRIVING N/A

the USPS operational needs may require a change in your tour of duty and/or assignment. However, all job assignments must be in strict compliance with any physical activity restrictions existing at the time the change is made to the limited duty assignment. Please indicate your decision by signing in the appropriate space below your acceptance or rejection. In accordance with 29 CFR 16.307, this job offer must be returned to the GCO within two days of your receipt.

in accordance with United States Code, Title 5, Section 5106(c), a partially disabled employee who either refuses to seek suitable work or who refuses or neglects to work after suitable work is offered, is not entitled to compensation.

I accept the above job offer

Cynthia D. Benson 3/3/03

Date

I reject the above job offer

Date

for refusal

Date Authorized

GERALD E. LOFTUS, M.D.  
 JOHN D. SONNENBERG, M.D.  
 D. DIRK NELSON, M.D.  
 MICHAEL G. MADAY, M.D.  
 STEPHEN V. PERNS, D.P.M.  
 MICHAEL C. MORAN, M.D.  
 WILLIAM A. HELLER, M.D.  
 JAY M. BROOKER, M.D.  
 MICHELLE A. JAWORSKI, M.D.

## MIDLAND

A Member of  
**Orthopaedic**  
 SPECIALISTS

## ORTHOPEDIC

2950 S. WABASH SUITE 100  
 CHICAGO, IL 60616  
 312/428-4200

8756 S. MERRION LANE  
 HOMETOWN, IL 60466  
 708/428-7180

6001 S. WILLOW SPRINGS RD., #340  
 LA GRANGE, IL 60525  
 708/428-7787

8831 S. WEBSTER AVE.  
 CHICAGO, IL 60643  
 773/529-5456

OFFICE VISIT (NEW)	CODE	fee	CASTING	CODE	fee	OTHER SERVICES	CODE	fee
LEVEL	00020		LONG ARM	29005		ASPIRATION SMALL-RL	20800	
EMERGENCY	00068		SHORT ARM	29075		ASPIRATION MEDIUM-RL	20805	
OFFICE VISIT (Established)			LONG LEG	29055		ASPIRATION LARGE-RL	20810	
LEVEL	00021		SHORT LEG	29455		TRIGGER POINT-RL	20850	
COMPLICATING (0021-104)			PLASTER(ROLLS)	A4580		CELESTONE ____00	J0704	
SURGICAL FOLLOW-UP	00024		PLASTIC GLASS(ROLLS)	A4580		KNEELOG ____00	J0801	
CONSULTATIONS DR.			UNNA BOOT	29080		DEBRIDEMENT	11040	
LEVEL	00024		PINGER SPLINT	29180		PIN REMOVAL	20870	
SECOND OPINION (INN)			ELASTICS	50260		EX FIX REMOVAL	20880	
LEVEL	00027		REMOVAL CAST	29705		X-RAY CONSULTATION	78140	
IME	00455		WINDOW CAST	29730		SPECIAL REPORTS	99080	
CASE MANAGEMENT			WEDGE CAST	29770		EDUCATIONAL	99071	
WITH PATIENT	00054		MINOR SURGERY			MEDICAL TESTIMONY	99075	
W/O PATIENT	00056					FRACTURE CARE	( )	
PHONE	0057					OTHER SUPPLIES	( )	
708/428-4200	MEET TOOL	8756 S. MERRION RD.	11776					

DIAGNOSES: ( )

DATE OF INJURY \_\_\_\_\_ FIRST CONSULT

RETURN TO WORK: \_\_\_\_\_

( ) NOT YET; ESTIMATED RETURN \_\_\_\_\_

( ) LIGHT DUTY ONLY AS OF \_\_\_\_\_

RESTRICTIONS: \_\_\_\_\_

PDO-LEVEL \_\_\_\_\_ MMIS AS OF 5-8 week for

( ) REGULAR DUTY; NO RESTRICTIONS AS OF \_\_\_\_\_

NEXT APPOINTMENT: _____	D	W	M	AS NEEDED
DATE: _____	DAY: _____	TIME: _____		

DOCTOR'S SIGNATURE

I HEREBY AUTHORIZE MY INSURANCE BENEFITS TO BE PAID TO THE ABOVE SIGNED PHYSICIAN, REALIZING I AM RESPONSIBLE TO PAY NON-COVERED SERVICES AND  
 I HEREBY AUTHORIZE THE RELEASE OF PERTINENT MEDICAL INFORMATION TO INSURANCE CARRIERS.

DATE: \_\_\_\_\_

## PATIENT INFORMATION

\_\_\_\_\_

\_\_\_\_\_

## ACCOUNT INFORMATION

DATE	TIME	PATIENT		SEX: M F	PRIOR BALANCE
6/2/08/08	8:14:34	EVNTHTA	NELSON	F	0.00
CHRG. SLIP NO.	DOCTOR		LOCATION		TODAY'S CHARGE
3960942JN12			BEVERLY OFFICE		
ADCT. NO.	RESPONSIBLE PARTY		PHONE NO.		TODAY'S PAYMENT
156431	EVNTHTA		731-575-1933		
RECAP:	OVER 80 00	OVER 80 00	OVER 80 00	CURRENT 00	BALANCE
INSURANCE COMPANY DOI	POLICY NUMBER 31005407518			BALANCE TYPE 00	
PREMIUM DATE CREDIT	THRU DATE			DISCOUNT SITE 00	



**UNITED STATES POSTAL SERVICE  
LIMITED DUTY JOB OFFER ASSIGNMENT**

**68**

Employee: **BROWN, CYNTHIA**  
SSN: **48 54 5760**  
Job Title: **DEPARTMENT CLERK**  
Tour of Duty: **OTF**  
Geographical Location: **6-17-0**

OWCP claim #: **102007312**

DOI: **8-1-01**

Level/Step:

N/S Days Off: **PTF (SND)**

Salary:

**EFFECTIVE DATE: 5-19-03 (UPDATED)**

**SECTION 1:**

The USPS is officially offering you the following limited duty assignment which lists a description of the duties assigned along with the physical requirements to perform the assigned tasks. This limited duty assignment is offered to you in good faith and is tailored to meet your physical needs. You are hereby instructed to work within those medically defined restrictions and you must submit medical documentation beyond 50,60,00.

**DESCRIPTION OF DUTIES WITH PHYSICAL REQUIREMENTS**

WITHIN YOUR PHYSICAL DOCUMENTATION, THE / THIS JOB OFFER CONSIST OF  
THE FOLLOWING: ANSWERING THE USPS (MADISON, IL 60603) PHONE, OBTAINING  
INFORMATION FOR CUSTOMER CALL, LOGGING SWEEPS (ASSISTING CUSTOMER W/ VACATION  
MAIL HOLD MAIL (PAPERS, RICK UP), STUDYING SCHEDULE / USPS MANUAL, SAFETY AWARNESS.  
LISTED BELOW ARE PHYSICAL RESTRICTIONS FROM WHICH THE JOB WAS DEVELOPED  
AND BASED ON MEDICAL DATED 5-19-03

STANDING NA  
WALKING NA  
CARRYING WEIGHT 2-5 LB  
PULLING WEIGHT 2-5 LB  
TWISTING NA  
REACHING

SITTING NA  
LIFTING WEIGHT  
PUSHING WEIGHT  
BENDING NA  
CLIMBING HEIGHT NA

Future USPS operational needs may require a change in your tour of duty and/or assignment. However, all job assignments will be in strict compliance with any physical activity restrictions existing at the time the change is made to the limited duty assignment. Please indicate your decision by signing in the appropriate space below and return this job offer to the KCCO within five days of your receipt.

In accordance with United States Code, Title 5, Section 8106(c), a partially disabled employee who either refuses to seek suitable work, or who refuses or neglects to work after suitable work is offered, is not entitled to compensation.

I accept the above job offer

*Gretta Dennis* 5/21/03  
Date

I reject the above job offer

Date

Reason for refusal:

DR. LOFTUS, M.D.  
 DR. BONNENBERG, M.D.  
 DR. DIRK NILSEN, M.D.  
 MICHAEL G. MADAY, M.D.  
 STEPHEN V. PERNIS, D.P.M.  
 MICHAEL C. MORAN, M.D.  
 WILLIAM A. HELLER, M.D.  
 JAY M. BROOKER, M.D.  
 MICHELLE A. JAWORSKI, M.D.

## MIDLAND

AMERICAN  
 Combined  
 Orthopaedic  
 SPECIALISTS

2050 S. WABASH SUITE 100  
 CHICAGO, IL 60616  
 312/429-4600

4701 S. MERRION LANE  
 HOMETOWN, IL 60446  
 708/428-1150

8201 S. WILLOW SPRINGS RD., 4340  
 LA GRANGE, IL 60525  
 708/428-7787

9831 S. WESTERN AVE.  
 CHICAGO, IL 60643  
 773/929-6486

OFFICE VISIT (NEW)	CODE	FEES	CARTING	CODE	FEES	OTHER SERVICES	CODE	FEES
LEVEL	8820		LONG ARM	29055		ASPIRATION SMALL-FL	20600	
EMERGENCY	88058		SHORT ARM	29075		ASPIRATION MEDIUM-FL	20650	
OFFICE VISIT (Established)			LONG LEG	29355		ASPIRATION LARGE-FL	20710	
LEVEL	8821		SHORT LEG	29425		TRIGGER POINT-FL	20650	
COMPLICATING	(8811)-004		PLASTER(ROLLS)	A4880		CALESTONE	40704	
SURGICAL FOLLOW-UP	88024		FINGERGLASS(ROLLS)	A4880		KINEROL	40801	
CONSULTATIONS DR.			UNNA BOOT	29550		DEBRIDEMENT	11040	
LEVEL	8824		FINGER SPLINT	29180		PIN REMOVAL	20670	
SECOND OPINION (IME)			ELASTICS	50280		EX FIX REMOVAL	20690	
LEVEL	8827		REMOVAL CAST	29705		X-RAY CONSULTATION	76140	
IME	88440		WINDOW CAST	29730		SPECIAL REPORTS	90080	
DATE MANAGEMENT			WEDGE CAST	29770		EDUCATIONAL	90071	
WITH PATIENT	88364		MINOR SURGERY			MEDICAL TESTIMONY	90076	
W/O PATIENT	88368					FRACTURE CARE		
PHONE	8837					OTHER		
DIAGNOSIS: ( )						SUPPLIES		

DATE OF INJURY \_\_\_\_\_ FIRST CONSULT \_\_\_\_\_

RETURN TO WORK: \_\_\_\_\_

( ) NOT YET, ESTIMATED RETURN \_\_\_\_\_

( ) LIGHT DUTY ONLY AS OF \_\_\_\_\_

RESTRICTIONS: \_\_\_\_\_

Concre (remained) 1 week 10 days

PCP-LEVEL \_\_\_\_\_ MMAS OF \_\_\_\_\_  
 ( ) REGULAR DUTY, NO RESTRICTIONS AS OF \_\_\_\_\_NEXT APPOINTMENT: D \_\_\_\_\_ W \_\_\_\_\_ M \_\_\_\_\_ AB \_\_\_\_\_  
 DATE: \_\_\_\_\_ DAY: \_\_\_\_\_ TIME: \_\_\_\_\_

ESTHESIA: ( ) BRO ( ) OLA ( ) BPT

TESTING: \_\_\_\_\_

DOCTOR'S SIGNATURE

I HEREBY AUTHORIZE MY INSURANCE BENEFITS TO BE PAID TO THE ABOVE SIGNED PHYSICIAN, REALIZING I AM RESPONSIBLE TO PAY NON-COVERED SERVICES AND  
 I HEREBY AUTHORIZE THE RELEASE OF PERTINENT MEDICAL INFORMATION TO INSURANCE CARRIERS.

*John J. Benzon, M.D. Date 5/21/03*

## PATIENT INFORMATION

21107  
 208 833-4441

FROM DATE  
 DODAY 8

## ACCOUNT INFORMATION

DATE	TIME	PATIENT	SEX: M F	PRIOR BALANCE
05/21/03	2:00PM	CYNTHIA BENSON	F	0.00
CHRG. SLIP NO.	DOCTOR	LOCATION		TODAY'S CHARGE
414605 JNB		BEVERLY OFFICE		
ACCTNO.	RESPONSIBLE PARTY	PHONE NO.		TODAY'S PAYMENT
56531	CYNTHIA	731-375-1933		
RECAP:	OVER 80	OVER 80	OVER 80	CURRENT
	.00	.00	.00	.00
INSURANCE COMPANY	POLICY NUMBER			BALANCE DUE
DOL	318545758/			
FROM DATE	7/15/01	DATE		BALANCE TYPE
DODAY 8				UNPAID



**UNITED STATES POSTAL SERVICE**  
**LIMITED DUTY JOB OFFER ASSIGNMENT-**  
**68**

Employee: BENSON CYNTHIA  
SSN: 318-54-5758  
Job Title: PTF DISTRIBUTION CLERK  
Tour of Duty:  
Geographical Location: C.I.D.

OWCP Claim #: 102007312  
DOI: 8-01-01  
Level/Step:  
N/S Days Off: PTF (SUN)  
Salary:  
EFFECTIVE DATE: 8-13-09

The UPS is officially offering you the following limited duty assignment which lists a description of the duties assigned along with the physical requirements to perform the assigned tasks. This limited duty assignment is offered to you in good faith and is tailored to meet your physical needs. You are hereby instructed to work within those medically defined restrictions and you must submit medical documentation beyond **30 days**.

**DESCRIPTION OF DUTIES WITH PHYSICAL REQUIREMENTS**

WITHIN YOUR PHYSICAL DOCUMENTATION). THE /THIS STOP OFFER CONSIST OF THE FOLLOWING:

• ANSWERING THE PHONE (ASSERTING CUSTOMER'S REG. CALL) LOBBY SWINGS (CUSTOMERS W/ FACTORY MAP).

WORKING THROUGH THE CABLE (HUTCHINS TO HOTCASE) AND UGAM (AS NEEDED) ASSIST WITH

RIFLING THROUGH OPS LEADER TRAYS, AND STUDYING SCHEMATIC, READING USPS MANUAL & SAFETY ALARMS  
LISTED BELOW ARE PHYSICAL RESTRICTIONS FROM WHICH THE JOB WAS DEVELOPED  
AND BASED ON MEDICAL DATA

STANDING W/A  
WALKING W/A  
CARRYING WEIGHT 2.5-4  
PULLING WEIGHT 2.5-4  
TWISTING W/A  
REACHING

SITTING   
LIFTING WEIGHT   
PUSHING WEIGHT   
BENDING   
CLIMBING HEIGHT

Future UPS operational needs may require a change in your tour of duty and/or assignment. However, all job assignments will be in strict compliance with any physical activity restrictions existing at the time the change is made to the limited duty assignment. Please indicate your decision by signing in the appropriate space below and return this job offer to the TCCC within five days of your receipt.

In accordance with United States Code, Title 5, Section 8106(e), a partially disabled employee who either refuses to seek suitable work, or who refuses or neglects to work after suitable work is offered, is not entitled to compensation.

( ) I accept the above job offer.

204

100

### Review from [Bartleby](#)

Reason for Visit: Doctor will start a new class Date: 10/10/19

Postscript to *Journal of Urban Affairs*

43-17, November 1933 ~~comes soon~~

41-17, November 1958 (20479-2998) *John Allen*  
1958/01



**UNITED STATES POSTAL SERVICE**  
**LIMITED DUTY JOB OFFER ASSIGNMENT-**  
**68**

Employee: PRENTON, CYNTHIA  
 SSN: 918 34 8758  
 Job Title: PTF DAT. CLERK

Tour of Duty:  
 Geographical Location: C.J.D

OWCP Claim #: 102007312  
 DOI: 4/16 2001  
 Level/Step:  
 N/S Days Off: NTF (SUN)  
 Salary:  
 EFFECTIVE DATE: 8-14-03

**SECTION 1:**

The USPS is officially offering you the following limited duty assignment which lists a description of the duties assigned along with the physical requirements to perform the assigned tasks. This limited duty assignment is offered to you in good faith and is tailored to meet your physical needs. You are hereby instructed to work within these medically defined restrictions and you must submit medical documentation beyond 30 DAY'S.

**DESCRIPTION OF DUTIES WITH PHYSICAL REQUIREMENTS**

WHAT ARE YOUR LATEST PHYSICAL LIMITATIONS / DOCUMENTATION: THE THIS JOB OFFER  
CONSIST OF THE FOLLOWING: ANSWERED PHONE (ASITING CUSTOMERS SPECIAL) LARRY SHOWS  
(CUSTOMERS W/ VACATION HOLE). IN BETWEEN STANDING MATTERS / OLY AND SITTING,

READING USPS MANUAL, SAFETY AWARENESS

LISTED BELOW ARE PHYSICAL RESTRICTIONS FROM WHICH THE JOB WAS DEVELOPED  
AND BASED ON MEDICAL DATED 7-18-03

STANDING N/A  
 WALKING N/A  
 CARRYING WEIGHT 25.0  
 PULLING WEIGHT 2.5  
 TWISTING N/A  
 REACHING

SITTING N/A  
 LIFTING WEIGHT  
 PUSHING WEIGHT  
 BENDING N/A  
 CLIMBING HEIGHT N/A

Future USPS operational needs may require a change in your tour of duty and/or assignment. However, all job assignments will be in strict compliance with any physical activity restrictions existing at the time the change is made to the limited duty assignment. Please indicate your decision by signing in the appropriate space below and return this job offer to the ICPD within two days of your receipt.

In accordance with United States Code, Title 5, Section 8106(c), a partially disabled employee who either refuses to seek suitable work, or who refuses or neglects to work after suitable work is offered, is not entitled to compensation.

I accept the above job offer Cynthia L. Benson 8-14-03  
 Date

I reject the above job offer

Date

Reason for refusal:



John D. Sonnenberg, MD  
D. Dick Nelson, MD  
Michael G. Meday, MD  
William A. Heller, MD  
Stephen V. Perez, DPM  
Michael C. Monac, MD  
Jay M. Brooker, MD  
Michelle A. Jaworski, MD  
Gerald R. Lofus, MD  
(females)

Reconstructive Orthopaedics  
Fracture Management  
Sports Medicine  
Arthroscopy  
Hand Surgery  
Fees/Anesthesia  
Dental Anesthesia

August 13, 2003

To Whom It May Concern,

Ms. Cynthia Benson is unable to perform any job duties that consist of working throw back case, UBBM and rifling through trays.

If you have any questions, please feel free to contact me.

Sincerely,

Jay M. Brooker M.D.  
JMB/emo

3830 S. Wabash  
Suite 100  
Chicago, Illinois 60616  
(312) 542-4000  
Fax (312) 542-8690

8735 S. Marian Lane  
Morton Grove, Illinois 60056  
(708) 425-1130  
Fax (708) 425-9654

5801 S. Willow Spring Rd.  
Suite 340  
LaGrange, Illinois 60525  
(708) 452-7767  
Fax (708) 452-7988

Visit us on the web: [www.midlandortho.com](http://www.midlandortho.com) • E-mail: [info@midlandortho.com](mailto:info@midlandortho.com)

TOTAL P. 81



**UNITED STATES POSTAL SERVICE**  
**LIMITED DUTY JOB OFFER ASSIGNMENT**  
**68**

Employee: BENSON CYNTHIA

SSN: 316-54-5750

Job Title: DISTRIBUTOR CLERK

Tour of Duty:

Geographical Location: P.T.F.  
C.I.D

OWCP Claim #: 100-007312

Date: 8-01-01

Level/Step:

N/9 Days Off: PTF (SUN.)

Salary:

EFFECTIVE DATE:

**SECTION 1:**

The USPS is officially offering you the following Limited duty assignment which lists a description of the duties assigned along with the physical requirements to perform the assigned tasks. This Limited duty assignment is offered to you in good faith and is tailored to meet your physical needs. You are hereby instructed to work within these medically defined restrictions and you must submit medical documentation beyond 3260.00.

**DESCRIPTION OF DUTIES WITH PHYSICAL REQUIREMENTS**

WITHIN YOUR WORK CAPACITY EVALUATION (DATED FEB 2004) THIS JOB OFFER CONSIST OF  
ANSWERING THE USPS (60442) PHONE, OBTAINING INFORMATION FROM CUSTOMER CALL,  
LOBBY SWEEP (LOCATION #160 & 3849 5TH ST. (WITHIN JOB LIMITATION)), ASSIST IN WRITING UP AND FILING  
NOTICE, AGENT W/REGARD TO ACCOMMODATIONS AND IN (TEN) (10) PAGES & CHARTS (USPS MANUAL & SAFETY INSTRUCTIONS)  
LISTED BELOW ARE PHYSICAL RESTRICTIONS FROM WHICH THE JOB WAS DEVELOPED  
AND BASED ON MEDICAL DATED 2/12/04

STANDING  
 WALKING  
 CARRYING WEIGHT  
 PULLING WEIGHT  
 TWISTING  
 REACHING

SITTING  
 LIFTING WEIGHT  
 PUSHING WEIGHT  
 BENDING  
 CLIMBING HEIGHT

Peters USPS operational needs may require a change in your type of duty and/or assignment. However, all job assignments will be in strict compliance with any physical activity restrictions existing at the time the change is made to the limited duty assignment. Please indicate your decision by signing in the appropriate space below and return this job offer to the LCOO within five days of your receipt.

In accordance with United States Code, Title 5, Section 8106(c), a partially disabled employee who either refuses to seek suitable work, or who refuses or neglects to work after suitable work is offered, is not entitled to compensation.

I accept the above job offer

I reject the above job offer

Reason for refusal:

*Doctor's office has been out of town since 3/1/04*  
*Call Dr. [unclear] at (713) 239-5995*  
*for Doctor's [unclear]*

Patient Name: Cynthia Benson  
 Patient Birthdate: 09/30/64

Number: 56631

9

FEBRUARY 12, 2004

If you refer to the notes from 8/05/03. Essentially the patient has been developing symptoms of numbness and tingling in the 4th and 5th digits despite modifications in her activity to protect her carpal tunnel. These modifications have been implemented. She has only been working 4 hour days but initially they had modified her duty and now they still have her doing repetitive keyboarding, repetitive throwing, repetitive lifting or repetitive grasping. As long as she continues to do this her symptoms will continue to be exacerbated. The reason that she is developing epicondylitis and ulnar nerve entrapment symptoms has to do with the fact that the patient now to spare her symptoms in her wrist is modifying the way that she is using her hand to involve repetitive movements involving the elbow and resting her elbow upon the table in order to avoid excessive motion of the wrist.

Unfortunately when she does this, it does create excessive friction at the ulnar nerve and is creating a neuropathy at this point as well. If she had a continuous modification of her duty to a window job where she is not doing repetitive throwing and keyboard entry, she would be able to perform full time duty. If she is shifted to full time duty in her previous occupation, she will very quickly end up with worsening of her symptoms of the requirement of surgery. The best way to have her produce a full-time employment would be to have her modify her activities completely and permanently. This involves no repetitive throwing, no repetitive lifting, no lifting over 10 pounds and very limited data entry to about 10 to 15% of her employment time.

Please also review the time period of 12/27/03 to 1/23/04. She has never been instructed to work more than 4 hour days at this point and therefore due to the fact that her employment is greater than 4 hour days, she has never had this duty modified thus far unless you are able to make these permanent modifications and thus if she is working under my recommendations of working 1/2 day, she should not be penalized for doing so.

Jay M. Brooker, M.D.  
 signature mechanically affixed

JMB/ch

cc: Department of Labor, Dale Schultz

GERALD F. LOFTUS, M.D.  
 JOHN D. SONNENBERG, M.D.  
 D. MARK NELSON, M.D.  
 MICHAEL G. MADAY, M.D.  
 STEPHEN V. PERNS, D.P.M.  
 MICHAEL G. MORAN, M.D.  
 WILLIAM A. HELLER, M.D.  
 JAY M. BROOKER, M.D.  
 MICHELLE A. JAWORSKI, M.D.

AMERICAN COMBINED  
**Orthopaedic**  
 SPECIALISTS

4800 S. WABASH AVENUE 100  
 CHICAGO, IL 60615  
 312/443-5400  
 8735 S. MERRION LANE  
 MERRIONTOWN, IL 60446  
 708/425-1300  
 8501 S. WILLOW SPRINGS RD., #640  
 LAGRANGE, IL 60525  
 708/443-7767  
 8501 S. WESTERN AVE.  
 CHICAGO, IL 60643  
 773/296-5498

OFFICE VISIT (NEW)	CODE	FEES	CASTING	CODE	FEES	OTHER SERVICES	CODE	FEES
LEVEL	8820		LONG ARM	29086		ASPIRATION SMALL-IVL	20600	
EMERGENCY	88088		SHORT ARM	29075		ASPIRATION MEDIUM-IVL	20605	
OFFICE VISIT (RENEWAL)			LONG LEG	29385		ASPIRATION LARGE-IVL	20610	
LEVEL	8821		SHORT LEG	29425		TRIGGER POINT-IVL	20650	
COMPLICATING	(8801)-24		PLASTER/ROLLS	A4580		CELESTONE ____ OC	J0704	
SURGICAL FOLLOW-UP	88024		FIBERGLASS/ROLLS	A4580		KENELOG ____ CC	J3801	
CONSULTATIONS DR.			UNNA BOOZE	28680		DEBRIDEMENT	11040	
LEVEL	8824		FINGER SPLINT	28130		PIN REMOVAL	20670	
SECOND OPINION (NEW)			ELASTICS	50280		EX FIX REMOVAL	20680	
LEVEL	8827		REMOVAL CAST	28705		X-RAY CONSULTATION	70140	
IME	88488		WINDOW CAST	28730		SPECIAL REPORTS	88080	
CASE MANAGEMENT			WEDGE CAST	28770		EDUCATIONAL	88071	
WITH PATIENT	88364		MINOR SURGERY			MEDICAL TESTIMONY	88075	
W/O PATIENT	88668					FRACTURE CARE		
PHONE	8837					OTHER SUPPLIES		

3840 CARPAL TUNNEL SYNDROME

DIAGNOSIS: ( )

INJURY: ( ) SO ( ) JO ( ) AM DATE: \_\_\_\_\_

ERATION: \_\_\_\_\_

( ) BRC ( ) CLRY ( ) DEPT

ESTHESIA: TESTING: \_\_\_\_\_

DOCTOR'S SIGNATURE

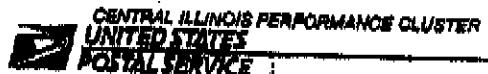
DOCTOR'S SIGNATURE  
 I HEREBY AUTHORIZE MY INSURANCE BENEFITS TO BE PAID TO THE ABOVE-SIGNED PHYSICIAN, REALIZING I AM RESPONSIBLE TO PAY NON-COVERED SERVICES AND  
 I HEREBY AUTHORIZE THE RELEASE OF PERTINENT MEDICAL INFORMATION TO INSURANCE COMPANIES.

DATE: 2/15/04

NEXT APPOINTMENT: D \_\_\_\_ W \_\_\_\_ M \_\_\_\_ AS  
 NEEDED  
 DATE: \_\_\_\_ DAY: \_\_\_\_ TIME: \_\_\_\_

### ACCT. INFORMATION

DATE	TIME	PATIENT	SEX: M / F	PRIOR BALANCE
02/12/04	3:15P	BENSON	M	79.00
CHRG. SLIP NO.	DOCTOR	LOCATION		TODAY'S CHARGES
462523 JMB		BEVERLY OFFICE		
ACCT. NO.	RESPONSIBLE PARTY	PHONE NO.		AMOUNT PAYMENT
56631 CYNTHIA	S	773 / 375-1933		
RECAP: OVER 60	OVER 60	OVER 60	CURRENT	BALANCE DUE
.00	.00	.00	.00	
INSURANCE COMPANY	POLICY NUMBER		BALANCE TYPE	
DDI.	318545758		D	
FROM DATE:	THRU DATE:		D	
COPAY \$			D	
			D	



<b>National Reassessment Initiative Modified Assignment Offer Assessment Worksheet</b> <b>For Use With Limited Duty Cases Only!</b> <small>Note: Placing an individual in an administrative position, who can perform productive Operations work, requires District and Area approval.</small>			<b>Date: April 15, 2004</b>
<b>Employee Name</b> <b>CYNTHIA BENSON</b>	<b>DOI</b> <b>08/01/2001</b>	<b>SSN</b> <b>318545758</b>	<b>OWCP Claim #</b> <b>102007312</b>
<b>Office/Work Location (Name)</b> <b>MATTESON</b>	<b>Pay Loc</b> <b>102</b>	<b>Date of Injury Employee Position Title</b> <b>DISTRIBUTION CLERK</b>	
<b>WORK HOURS:</b>	<b>OFF DAYS:</b>		
<b>LOCATION:</b>	<b>LEVEL/STEP:</b>		
<b>EFFECTIVE DATE:</b>	<b>SALARY:</b>		
<b>POSITION TITLE: (MODIFIED)</b>	<b>OCC CODE:</b>		

## Part 2 – Job Assessment Identification

**Supervisor: List duties employee is capable of performing within their medical restrictions. Provide detailed information below with approximate amount of time work is available in each duty, i.e.: 30 minutes sweeping mail, 2 hours casing letters, 1 hour casing flats, 2 hours delivering Express Mail, etc. List all productive work prior to non-productive work.**

		Avg Time Spent
lifting/carrying		Walking
Pushing/Pulling		Standing
Bending		Sitting
Stooping		Reaching Above Shoulder
Kneeling		Driving

Name of Supervisor/Manager Completing Worksheet: \_\_\_\_\_

**Office**

**Supervisor/Manager Signature** \_\_\_\_\_

### Phone

COMPLETE AND RETURN TO THE INJURY COMPENSATION CONTROL OFFICE WITHIN 24 HOURS OR FAX TO 708-583-9441



**UNITED STATES POSTAL SERVICE**  
**LIMITED DUTY JOB OFFER ASSIGNMENT**  
**68**

Employee: BENSON, CARLMA  
 SSN: 518-54-5768  
 Job Title: P.T.F  
 Tour of Duty:  
 Geographical Location:

OWCP Claim #: 102007812  
 DOI: AUG 01 2001  
 Level/Step:  
 NUS Days Off: PTF (SUN)  
 Salary:  
 EFFECTIVE DATE: 5-12-04

**SECTION I:**

The USPS is officially offering you the following limited duty assignment which lists a description of the duties assigned along with the physical requirements to perform the assigned tasks. This limited duty assignment is offered to you in good faith and is tailored to meet your physical needs. You are hereby instructed to work within these medically defined restrictions and you must submit medical documentation beyond \$060.00.

**DESCRIPTION OF DUTIES WITH PHYSICAL REQUIREMENTS**

WITHIN YOUR WORK CAPACITY EVALUATION & WITHIN YOUR LATEST PHYSICAL RESTRICTIONS THIS JOB OFFER CONSIST OF THE FOLLOWING: ANSWERING PHONE (Answering Outgoing Per Call) / LBBY ZONEPS (Customer Vacation Hold) / LOT / Pm Ddpg (Apptmt / Scan 2125 Form) W/BETWEEN STATION SORCHES & LBBY UPPS Manual & Safety Awareness LISTED BELOW ARE PHYSICAL RESTRICTIONS FROM WHICH THE JOB WAS DEVELOPED AND BASED ON MEDICAL DATED 05-11-2004

STANDING NA  
 WALKING NA  
 CARRYING WEIGHT 10LBS  
 PULLING WEIGHT 10LBS  
 TWISTING NA  
 REACHING

SITTING NA  
 LIFTING WEIGHT 10LBS  
 PUSHING WEIGHT  
 BENDING NA  
 CLIMBING HEIGHT

Future USPS operational needs may require a change in your tour of duty and/or assignment. However, all job assignments will be in strict compliance with any physical activity restrictions existing at the time the change is made to the limited duty assignment. Please indicate your decision by signing in the appropriate space below and return this job offer to the RCOO within five days of your receipt.

In accordance with United States Code, Title 5, Section 8106(c), a partially disabled employee who either refuses to seek suitable work, or who refuses or neglects to work after suitable work is offered, is not entitled to compensation.

I accept the above job offer

*Carlma Benson* 5/14/04  
 Date

I reject the above job offer

Date

Reason for refusal:


GERALD R. LOFTUS, M.D.  
 JOHN D. SONNENBERG, M.D.  
 D. DIRK NELSON, M.D.  
 MICHAEL G. MADAY, M.D.  
 STEPHEN V. PERNS, D.P.M.  
 MICHAEL C. MORAN, M.D.  
 WILLIAM A. HELLER, M.D.  
 JAY M. BROOKER, M.D.  
 MICHELLE A. JAWORSKI, M.D.

## MEDICAL

A Member of  
**Combined Orthopaedic**  
 SPECIALISTS

2850 S. WADASH SUITE 100  8786 S. MERRION LANE  6201 S. WILLOW SPRINGS RD., 6340  9717 S. WESTERN AVE.  
 CHICAGO, IL 60618 HOMETOWN, IL 60458 LA GRANGE, IL 60528 CHICAGO, IL 60646  
 712/542-4800 708/425-1150 708/469-7787 773/259-5495

OFFICE/EMERG. (HRS.)	CODE	FEES	CASE/ING.	CODE	FEES	OTHER SERVICES	CODE	FEES
LEVEL	9980		LONG ARM	29088		ASPIRATION SMALL-R/L	20800	
EMERGENCY	99888		SHORT ARM	29076		ASPIRATION MEDIUM-R/L	20805	
OFFICE/EMERG. (HRS.)			LONG LEG	29088		ASPIRATION LARGE-R/L	20810	
LEVEL	9981		SHORT LEG	29428		TRIGGER POINT-R/L	20850	
COMPLICATING	(9981-104)		PLASTER/ROLLS	A4880		CHIESTONE	J0704	
SURGICAL FOLLOW-UP	99824		PLASTER/ROLLS	A4890		KNEELCS	J8801	
CONSULTATIONS DR.			UNNA BAND	29880		DEBRIDEMENT	11040	
LEVEL	9984		FINGER SPLINT	29120		PIN REMOVAL	20870	
DIAGNOSIS/OPINION (HRS.)			ELASTICS	29250		EX FIX REMOVAL	20880	
LEVEL	0087		REMOVAL CAST	29705		X-RAY CONSULTATION	78140	
IME	99488		WINDOW CAST	29780		SPECIAL REPORTS	99080	
CASE MANAGEMENT			WEDGE CAST	29770		EDUCATIONAL	99071	
WITH PATIENT	99884		MINOR SURGERY			MEDICAL TESTIMONY	99076	
W/O PATIENT	99888					FRACURE CARE		
PHONE	9987					OTHER SUPPLIES		
3540 CARPAL TUNNEL SYNDROME								

DIAGNOSIS: ( )  
 SURGERY: ( )SD ( )S3 ( )AM. DATE: \_\_\_\_\_  
 OPERATION: \_\_\_\_\_  
 ( )BRO ( )CLR ( )EPT

ESTHESIA: \_\_\_\_\_ TESTING: \_\_\_\_\_

DOCTOR'S SIGNATURE

I HEREBY AUTHORIZE MY INSURANCE BENEFITS TO BE PAID TO THE ABOVE SIGNED PHYSICIAN, REALIZING I AM RESPONSIBLE TO PAY NON-COVERED SERVICES AND  
 I HEREBY AUTHORIZE THE RELEASE OF PERTINENT MEDICAL INFORMATION TO INSURANCE CARRIERS.

*D. Loftus, DB* DATE 5/11/04

DATE OF INJURY	_____	FIRST CONSULT	_____		
RETURN TO WORK	_____				
( ) NOT YET	ESTIMATED RETURN				
( ) LIGHT DUTY	ONLY AS OF				
RESTRICTIONS: <i>May work 10 hrs a day</i>					
<i>on physical exertion</i>					
<i>no weight lifting</i>					
<i>no lifting over 10 lbs</i>					
<i>with ( ) elbow &amp; arm</i>					
POD-LEVEL	_____	MM AS OF	DISCHARGE DATE		
( ) REGULAR DUTY/NO RESTRICTIONS AS OF					
NEXT APPOINTMENT		D	W	M	AS NEEDED
DATE		DAY	TIME		

## ATTENT INFORMATION

*filled for 046*

*1888* U N T I N F O R M A T I O N

DATE	TIME	PATIENT	95% M/F	PRIOR BALANCE
05/11/04	10:00	BENSON CYNTHIA	F	75.00
CHRG. REF. NO.	DOCTOR	LOCATION	TODAY'S CHARGES	
484574 JMB		BEVERLY OFFICE		
ACT. NO.	RESPONSIBLE PARTY	PHONE NO.	TODAY'S PAYMENT	
35631	CYNTHIA	773-378-1933		
RECAP: .00	OVER 60	.00	OVER 30	CURRENT .00
				BALANCE DUE .00
INSURANCE COMPANY	POLICY NUMBER		BALANCE TYPE	
UIC	315045738/		P	
FROM DATE:	THRU DATE:	DIAGNOSIS:		
CO-PAY \$				



**UNITED STATES POSTAL SERVICE**  
**LIMITED DUTY JOB OFFER ASSIGNMENT**  
**-68**

Employee: BENZON, CATHIA  
 SSN: 318-54-3768  
 Job Title: P.T.F  
 Tour of Duty:  
 Geographical Location:

OWCP claim #: 102-007912  
 DOI: AUG 01 2001  
 Level/Step:  
 N/S Days Off: PTF (SUN)  
 Salary:  
 EFFECTIVE DATE:

**SECTION 1:**

The USPS is officially offering you the following limited duty assignment which lists a description of the duties assigned along with the physical requirements to perform the assigned tasks. This limited duty assignment is offered to you in good faith and is tailored to meet your physical needs. You are hereby instructed to work within those medically defined restrictions and you must submit medical documentation beyond 9062.90.

**DESCRIPTION OF DUTIES WITH PHYSICAL REQUIREMENTS**

WITHIN YOUR WORK CAPACITY EVALUATION & WITHIN YOUR LATEST PHYSICAL RESTRICTIONS THIS JOB OFFER CONSIST OF THE FOLLOWING: ANSWERING PHONE (Answering Outgoing P.T.F.) LOBBY SWEEPS (CLOSERES- VAULTS) HOLD LOG / FILE DOCUMENTS (Scan 8025 files) W. BELLING, SWEEP, SCREW & READING (USPS Manual & SAFETY Awareness LISTED BELOW ARE PHYSICAL RESTRICTIONS FROM WHICH THE JOB WAS DEVELOPED AND BASED ON MEDICAL DATE 06/02/01)

STANDING NA  
 WALKING NA  
 CARRYING WEIGHT 10LBS  
 PULLING WEIGHT 10LBS  
 TWISTING NA  
 REACHING

SITTING NA  
 LIFTING WEIGHT 0LBS  
 PUSHING WEIGHT  
 BENDING NA  
 CLIMBING HEIGHT

Future USPS operational needs may require a change in your tour of duty and/or assignment. However, all job assignments will be in strict compliance with any physical activity restrictions existing at the time the change is made to the limited duty assignment. Please indicate your decision by signing in the appropriate space below and return this job offer to the XCOO within five days of your receipt.

In accordance with United States Code, Title 5, Section 8106(c), a partially disabled employee who either refuses to seek suitable work, or who refuses or neglects to work after suitable work is offered, is not entitled to compensation.

I accept the above job offer \_\_\_\_\_

Date \_\_\_\_\_

I reject the above job offer \_\_\_\_\_

Date \_\_\_\_\_

Reason for refusal: \_\_\_\_\_

GERALD F. LOFTUS, M.D.  
 JOHN D. SONNENBERG, M.D.  
 D. DIRK NELSON, M.D.  
 MICHAEL G. MADAY, M.D.  
 STEPHEN V. PERNS, D.P.M.  
 MICHAEL C. MORAN, M.D.  
 WILLIAM A. HELLER, M.D.  
 JAY M. BROCKER, M.D.  
 MICHELLE A. JAWORSKI, M.D.

MEDICAL

ORTHOPEDIC  
ASSOCIATESA Member of  
Combined  
Orthopaedic  
Specialists

2850 S. WABASH SUITE 100  
CHICAGO, IL 60616  
812/643-4900

6736 S. MERRION LANE  
HOMESTEAD, IL 60438  
708/425-1150

4801 S. WILLOW SPRINGS RD., #840  
LA GRANGE, IL 60525  
708/422-7767

9717 S. WESTERN AVE.  
CHICAGO, IL 60648  
773/289-5458

OFFICE VISIT (NEW)	CODE	FEES	LASTING	CODE	FEES	OTHER SERVICES	CODE	FEES
LEVEL	9800		LONG ARM	29065		ASPIRATION SMALL-PA	20800	
EMERGENCY	98050		SHORT ARM	29075		ASPIRATION MEDIUM-PA	20805	
COMPLICATING (NEW)			LONG LEG	29085		ASPIRATION LARGE-PA	20810	
LEVEL	98215		SHORT LEG	29425		TRIGGER POINT-PA	20860	
COMPLICATING (98215-24)	(98215-24)		PLASTER (ROLLS)	44580		CELESTONE	50704	
SURGICAL FOLLOW-UP	98024		FIBERGLASS (ROLLS)	44590		KINEROL	50801	
COMPLICATING DR.			UNNA BOOT	29580		DEBRIDEMENT	51040	
LEVEL	9824		FINGER SPLINT	29130		PIN REMOVAL	20670	
SECOND OPINION (NEW)			ELASTIC	50280		EX FIX REMOVAL	20480	
LEVEL	9827		REMOVAL CAST	29705		X-RAY CONSULTATION	70140	
IME	98480		WINDOW CAST	29780		SPECIAL REPORTS	90080	
OPINION REQUESTED			WEDGE CAST	29770		EDUCATIONAL	90071	
WITH PATIENT	98354		MINOR SURGERY			MEDICAL TESTIMONY	90078	
W/O PATIENT	98358					PRACTURE CARE		
PHONE	5887					OTHER SUPPLIES		

C8410 CHRONIC TUNNEL SYNDROME

Correct for 1-1-07

JURGY: ( ) 80 ( ) 20 ( ) AM DATE:

OPERATION:

ESTHESIA: ( ) INC ( ) CLR ( ) DEPT

TESTING:

DOCTOR'S SIGNATURE

I HEREBY AUTHORIZE MY INSURANCE BENEFITS TO BE PAID TO THE ABOVE SIGNED PHYSICIAN, REALIZING I AM RESPONSIBLE TO PAY NON-COVERED SERVICES AND  
 I HEREBY AUTHORIZE THE RELEASE OF PERTINENT MEDICAL INFORMATION TO INSURANCE CARRIERS.

DATE:

## ACCOUNT INFORMATION

DATE	NAME	PATIENT	SEX M/F	PRIOR BALANCE
01/12/04	P. J. D.	CYNTHIA	F	75.00
CHRG. SLIP NO.	DOCTOR	LOCATION		TODAY'S CHARGES
487573 JMB	RESPONSIBLE PARTY	DELIVERY OFFICE		
ACCT. NO.		PHONE NO.		
56531 CYNTHIA	OVER 60	OVER 30	773-375-1533	TODAY'S PAYMENT
NECAP:			CURRENT	BALANCE DUE
010 INSURANCE COMPANY	020	030	040	BALANCE TYPE
318545758/				
FROM DATE:	THRU DATE:			DIAGNOSIS:
COPAY:				

Shannan gone to  
on 8/9/04 at 918m



**UNITED STATES POSTAL SERVICE**  
**LIMITED DUTY JOB OFFER ASSIGNMENT**  
**68**

Employee: BENSON, CYNTHIA  
 SSN: 318-54-5768  
 Job Title: P.T.F  
 Tour of Duty:  
 Geographical Location:

OWOP Claim#: 102-007812  
 DOI: AUG 01 2004  
 Level/Step:  
 N/B Days Off: PTF (SUN)  
 Salary:  
 EFFECTIVE DATE:

**SECTION 1:**

The USPS is officially offering you the following limited duty assignment which lists a description of the duties assigned along with the physical requirements to perform the assigned tasks. This limited duty assignment is offered to you in good faith and is tailored to meet your physical needs. You are hereby instructed to work within those medically defined restrictions and you must submit medical documentation beyond 3000.00.

**DESCRIPTION OF DUTIES WITH PHYSICAL REQUIREMENTS**

WITHIN YOUR WORK CAPACITY EVALUATION & WITHIN YOUR LATEST PHYSICAL RESTRICTIONS THIS JOB OFFER CONSIST OF THE FOLLOWING: ANSWERING PHONE (ANSWERING CANCELLATION PER CALL) / CARRY SWEEPS (CARRYING VACUUM HOOD)  
LOG / Tidy DUMP TRUCK (SWEEP DUST ETC.) IN BETWEEN SWEEP SCHEDULE & SWEEP UP (NAIL & SCISSORS) Awareness  
 LISTED BELOW ARE PHYSICAL RESTRICTIONS FROM WHICH THE JOB WAS DEVELOPED  
 AND BASED ON MEDICAL DATE - 7/1/04

STANDING NA  
 WALKING NA  
 CARRYING WEIGHT 10LBS  
 PULLING WEIGHT 10LBS  
 TWISTING NA  
 REACHING

SITTING NA  
 LIFTING WEIGHT 10LBS  
 PUSHING WEIGHT  
 BENDING NA  
 CLIMBING HEIGHT

Future USPS operational needs may require a change in your tour of duty and/or assignment. However, all job assignments will be in strict compliance with any physical activity restrictions existing at the time the change is made to the limited duty assignment. Please indicate your decision by signing in the appropriate space below and return this job offer to the FOD within five days of your receipt.

In accordance with United States Code, Title 5, Section 5106(e), a partially disabled employee who either refuses to seek suitable work, or who refuses or neglects to work after suitable work is offered, is not entitled to compensation.

I accept the above job offer

*John D. Benson* 8/9/2004  
 Date

I reject the above job offer

Reason for refusal:

Date



**UNITED STATES POSTAL SERVICE**  
**LIMITED DUTY JOB OFFER ASSIGNMENT-**  
**68**

Employee: **CYNTHIA BENSON**  
 BSN: **5738**  
 Job Title: **PTF OUT CLERK**  
 Tour of Duty:  
 Geographical Location:

OWOP Claim #: **102-007312**  
 DOI: **AUG 01 2001**  
 Level/Step:  
 NIB Days Off: **ROTATING**  
 Salary:  
 EFFECTIVE DATE:

**SECTION 1:**

The USPS is officially offering you the following limited duty assignment which lists a description of the duties assigned along with the physical requirements to perform the assigned tasks. This limited duty assignment is offered to you in good faith and is tailored to meet your physical needs. You are hereby instructed to work within those medically defined restrictions and you must submit medical documentation beyond 30-00-900 (10-3-04)

**DESCRIPTION OF DUTIES WITH PHYSICAL REQUIREMENTS**

Within Your Work Capacity Medical Documentation & Your Latest Restriction:  
 THIS OFFER IS MADE WITH CONSULT OF THE EMPLOYEE'S PHYSICIAN OR SURGEON (ASSTANT, CUSTOMS  
 LETTER SWEEPS & CDS DEPARTMENT) AND PRIOR TO A CUSTOMER, FEEDS, ADVISED/DIRECTED  
 CUSTOMER. WILL THE NEW AND MODIFIED (MAIL CENTER) ALL WORK REQUESTS BE ADAPTED TO MEDICAL RESTRICTION  
 LISTED BELOW ARE PHYSICAL RESTRICTIONS FROM WHICH THE JOB WAS DEVELOPED  
 AND BASED ON MEDICAL DATED 9-03-04

STANDING  
 WALKING  
 CARRYING WEIGHT  
 PULLING WEIGHT  
 TWISTING  
 REACHING

SITTING  
 LIFTING WEIGHT  
 PUSHING WEIGHT  
 BENDING  
 CLIMBING HEIGHT

Future USPS operational needs may require a change in your tour of duty and/or assignment. However, all job assignments will be in strict compliance with any physical activity restrictions existing at the time the change is made to the limited duty assignment. Please indicate your decision by signing in the appropriate box below and return this job offer to the FCCD within the date of your receipt.

In accordance with United States Code, Title 5, Section 8106(c), a partially disabled employee who either refuses to seek suitable work, or who refuses or neglects to work after suitable work is offered, is not entitled to compensation.

I accept the above job offer

I reject the above job offer

Reason for refusal: Follow Doctor's order

for 2 weeks - stay off

OK to do limited Dut  
40 hrs/ wk - Must be  
2 consecutive days off  
No lifting/ repetitive w  
at work Dut to  
Medical/ func  
suppl

**MIDLAND ORTHOPEDIC ASSOCIATES**  
 9717 SO. WESTERN AVE. 9-8  
 CHICAGO, IL 60643



**UNITED STATES POSTAL SERVICE**  
**LIMITED DUTY JOB OFFER ASSIGNMENT**

68

Employee: CYNTHIA BENSON

SSN: 5758

Job Title: PTF OUT CLERK

Tour of Duty:  
Geographical Location:OWCP Claim #: 102-007312  
DOI: AUG 01 2001  
Level/Step: N/A  
N/S Days Off: ROTATING  
Salary: \$12.50/HOUR  
EFFECTIVE DATE:

The USPS is officially offering you the following limited duty assignment which lists a description of the duties assigned along with the physical requirements to perform the assigned tasks. This limited duty assignment is offered to you in good faith and is tailored to meet your physical needs. You are hereby instructed to work within these medically defined restrictions and you must submit medical documentation beyond 30-Go-90 (10-5-05)

**DESCRIPTION OF DUTIES WITH PHYSICAL REQUIREMENTS**

WITHIN Your Work Capacity MAXIMIZED & Your LATEST RESTRICTIONS  
THIS JOB OFFER WILL CONSIST OF THE FOLLOWING: ANSWERING PHONE, ASSISTING CUSTOMER,  
LOGGING SUPPLIES & 0125 APPRAISEMENT AND BEING A CUSTOMER SERVICE ADVISOR DIRECTOR  
REPORTER WILL THE NEW ARMED POSTAL CENTRAL ALL WEAR RE-USE WHICH IS ADAPTED TO MEDICAL CONDITION  
LISTED BELLO ARE PHYSICAL RESTRICTIONS FROM WHICH THE JOB WAS DEVELOPED  
AND BASED ON MEDICAL DATED 9-03-04

STANDING  
 WALKING  
 CARRYING WEIGHT  
 PULLING WEIGHT  
 TWISTING  
 REACHING

SITTING  
 LIFTING WEIGHT  
 PUSHING WEIGHT  
 BENDING  
 CLIMBING HEIGHT

Future USPS operational needs may require a change in your tour of duty and/or assignment. However, all job assignments will be in strict compliance with any physical activity restrictions existing at the time the change is made to the limited duty assignment. Please indicate your decision by signing in the appropriate space below and return this job offer to the RCOB within five days of your receipt.

In accordance with United States Code, Title 5, Section 5106(c), a partially disabled employee who either refuses to seek suitable work, or who refuses or neglects to work after suitable work is offered, is not entitled to compensation.

I accept the above job offer

I reject the above job offer

Reason for refusal:

Following Doctor's order by Dr. [unclear] Dr. [unclear]

1998 (4473-0928)

680401

MIL AND ORTHOPEDIC ASSOCIATES

9717 So. WESTERN AVE.  
 CHICAGO, IL 60643

9-8-04

OK to do limited duty  
 Date 40 hrs/wk - must have  
 2 consecutive days off rest  
 NO ACTIVE/REPETITIVE USE  
 of hands but to  
 prep/hand  
 SUTURE



**UNITED STATES POSTAL SERVICE**  
**LIMITED DUTY JOB OFFER ASSIGNMENT**  
**68**

Employee: **CYNTHIA BENSON**  
 SSN: **3758**  
 Job Title: **PTF CLERK**  
 Tour of Duty:  
 Geographical Location:

OWOP claim #: **102007312**  
 DOI: **10/05/2001**  
 Level/Step:  
 N/S Days Off: **PTF**  
 Salary:  
 EFFECTIVE DATE:

**SECTION 1:**

The USPS is officially offering you the following Limited duty assignment which lists a description of the duties assigned along with the physical requirements to perform the assigned tasks. This limited duty assignment is offered to you in good faith and is tailored to meet your physical needs. You are hereby instructed to work within those medically defined restrictions and you must submit medical documentation beyond OCT 5 2004 OR 30 DAYS

**DESCRIPTION OF DUTIES WITH PHYSICAL REQUIREMENTS**

WITHIN YOUR WORK CAPACITY MEDICAL DOCUMENTATION (LATEST RESTRICTIONS). THIS JOB OFFER CONSIST OF THE FOLLOWING: BEING A CUSTOMER SERVICE ADVISOR (AUTOMATED POSTAL CENTER) FOR A PERIOD OF 30 DAYS; LOBBY SWEEPS; 0125 DODSHIPMENT BOX & HELP CLEARING CARRIERS; PHONE ALL LIMITED DUTY JOB ASSIGNMENT WHEN APPLICABLE.

LISTED BELOW ARE PHYSICAL RESTRICTIONS FROM WHICH THE JOB WAS DEVELOPED  
AND BASED ON MEDICAL DATED 9-03-04

STANDING  
 WALKING  
 CARRYING WEIGHT  
 PULLING WEIGHT  
 TWISTING  
 REACHING

SITTING  
 LIFTING WEIGHT  
 PUSHING WEIGHT  
 BENDING  
 CLIMBING HEIGHT

Future USPS operational needs may require a change in your tour of duty and/or assignment. However, all job assignments will be in strict compliance with any physical activity restrictions existing at the time the change is made to the limited duty assignment. Please indicate your decision by signing in the appropriate space below and return this job offer to the JCCO within five days of your receipt.

In accordance with United States Code, Title 7, Section 8106(c), a partially disabled employee who either refuses to seek suitable work, or who refuses or neglects to work after suitable work is offered, is not entitled to compensation.

I accept the above job offer Cynthia D Benson 9-15-04  
 Date

I reject the above job offer \_\_\_\_\_  
 Date

Reason for refusal \_\_\_\_\_

JOHN D. SONNENBERG, M.D.  
DIRK NELSON, M.D.  
MICHAEL G. MADAY, M.D.  
STEPHEN V. PERNS, D.P.M.  
MICHAEL C. MORAN, M.D.  
WILLIAM A. HELLER, M.D.  
WYATT M. BROOKER, M.D.  
MICHELLE A. JAWORSKI, M.D.

## MIDDLELAND

A Member of, **Combined Orthopaedic**  
SPECIALISTS

2810 S. WABASH SUITE 100  6795 S. MERRION LANE  6201 S. WILLOW SPRINGS RD., #640  6717 S. WESTERN AVE.  
CHICAGO, IL 60616 HOMETOWN, IL 60468 LA GRANGE, IL 60525 CHICAGO, IL 60646  
312/543-1500 708/480-1180 708/488-7787 322/464-5440

PRICE/UNIT (NEW)	CODE	FEES	CASTING	CODE	FEES	OTHER SERVICES	CODE	FEES
EVAL	9920		LONG ARM	29060		ASPIRATION SMALL-IVL	20600	
EMERGENCY	99086		SHORT ARM	29075		ASPIRATION MEDIUM-IVL	20805	
PRICE/UNIT (established)			LONG LEG	29055		ASPIRATION LARGE-IVL	20910	
EVAL	9921		SHORT LEG	29485		TRIGGER POINT-IVL	20550	
DIAGNOSTICATING	(9921)-04		PLASTER(ROLLS)	A4880		CELESTONE ____00	J0704	
PHRICAL FOLLOW-UP	99024		FIBERGLASS(ROLLS)	A4580		KINBLOB ____00	J8801	
NEUROLOGIST DR.			UNNA BOOT	29600		DEBRIDEMENT	11040	
IVL	9924		FINGER SPLINT	29130		PIN REMOVAL	20870	
CONS. OPINION (MD)			ELASTIC	50880		IX FIX REMOVAL	20880	
IVL	9927		REMOVAL CAST	29705		X-RAY CONSULTATION	70140	
L	99456		WINDOW CAST	29780		SPECIAL REPORTS	99080	
MD MANAGEMENT			WEDGE CAST	29770		EDUCATIONAL	99071	
TH PATIENT	99284		MINOR SURGERY			MEDICAL TESTIMONY	99076	
3 PATIENT	99366		( )			PRACTURE CARE	( )	
ONE	99377		( )			OTHER	( )	
			( )			SUPPLIES	( )	

## 30000 DEXTRAL TUNNEL SYNDROME

BRV: ( )BD ( )BS ( )AM DATE:  
ATION:

DOCTOR WHO: NATURE

BY AUTHORIZING MY INSURANCE BENEFITS TO BE PAID TO THE ABOVE SIGNED PHYSICIAN, REALIZING I AM RESPONSIBLE TO PAY NON-COVERED SERVICES AND  
BY AUTHORIZING THE RELEASE OF PERTINENT MEDICAL INFORMATION TO INSURANCE COMPANIES.

747

#### ACCOUNT INFORMATION

**VENT INFORMATION**

DATE	TIME	PATIENT	SEX M / F	PRIOR BALANCE
09/03/04	11:45P	CYNTHIA BENSON	F	72.00
CHRG. BLF NO.	DOCTOR	LOCATION		TODAY'S CHARGES
1027747	THE	DELIVERY OFFICE		
ACCT.NO.	RESPONSIBLE PARTY	PHONE NO.		TODAY'S PAYMENT
56631	CYNTHIA	773 / 373-1933		
MEMO:	OVER 60	OVER 60	CURRENT	BALANCE DUE
00	00	00	00	
INSURANCE COMPANY	POLICY NUMBER		BALANCE TYPE	
DOL	318545758/		W	
THRU DATE			P	



**UNITED STATES POSTAL SERVICE**  
**LIMITED DUTY JOB OFFER ASSIGNMENT-**  
**68**

Employee: CYNTHIA BENSON  
 SSN: 51958  
 Job Title: PTF CLERK

Tour of Duty:  
 Geographical Location:

OWCP Claim #: 02007312  
 DOI: 8-1-2001  
 Level/Step: PTF  
 N/S Days Off: PTF  
 Salary:   
 EFFECTIVE DATE:

**SECTION 1:**

The USPS is officially offering you the following limited duty assignment which lists a description of the duties assigned along with the physical requirements to perform the assigned tasks. This limited duty assignment is offered to you in good faith and is tailored to meet your physical needs. You are hereby instructed to work within these medically defined restrictions and you must submit medical documentation beyond 30 DAYS / 11-22-04 (NOV)

**DESCRIPTION OF DUTIES WITH PHYSICAL REQUIREMENTS**

WITHIN YOUR WORK CAPACITY MEDICAL DOCUMENTATION (LATEST RESTRICTIONS)  
THIS JOB OFFICE CONSIST OF THE FOLLOWING: BEING A CUSTOMER SERVICE ADVISOR (A&P POSTAL CENTER)  
LOBBY SNAPS, B125 EQUIPMENT, HELP CLEARING CARRIERS & PHONE SERVICE  
AND READING USPS MANUAL

LISTED BELOW ARE PHYSICAL RESTRICTIONS FROM WHICH THE JOB WAS DEVELOPED  
AND BASED ON MEDICAL DATED OCT 20, 04

STANDING  
 WALKING  
 CARRYING WEIGHT  
 PULLING WEIGHT  
 TWISTING  
 REACHING

SITTING  
 LIFTING WEIGHT  
 PUSHING WEIGHT  
 BENDING  
 CLIMBING HEIGHT

Future USPS operational needs may require a change in your tour of duty and/or assignment. However, all job assignments will be in strict compliance with any physical activity restrictions existing at the time the change is made to the limited duty assignment. Please indicate your decision by signing in the appropriate space below and return this job offer to the LDDO within five days of your receipt.

In accordance with United States Code, Title 5, Section 8106(c), a partially disabled employee who either refuses to seek suitable work, or who refuses or neglects to work after suitable work is offered, is not entitled to compensation.

I accept the above job offer

*Yordana D. Blass* 10/25/04  
 Date

I reject the above job offer

Date

Reason for refusal:

Patient Name: CYNTHIA BURKE  
 Patient Birthdate: 09/20/1964

Account Number: 56631

P. 65/65

Page 2

John P. Dennerberg, MD  
 D. Dick Wilson, MD  
 Michael S. Hader, MD  
 William A. Bellis, MD  
 Stephen V. Perna, DPM  
 Michael C. Moran, MD  
 Jay M. Rosenthal, MD  
 Robert J. Strugala, MD  
 Donald P. Lofland, MD  
 (signature)

Patient Name: CYNTHIA BURKE  
 Patient Birthdate: 09/20/1964

Account Number: 56631

10/26/2004

Cynthia Burke is here in follow up for her wrist. She is improved. As long as we continue with restrictions that I've recommended in the past, these continue to be permanent. They have not done that as of yet and she'll continue to need to follow up as long as they keep doing it in this way. So I will see her in a month.

JAY M. BROOKER, M.D.

Signature mechanically affixed

JMB/x

11/06/2004

Mr. Benson is here in follow up for her hands. Presently, she has been having pain in her elbow region. She has been developing tenderness and swelling over the medial epicondyle of the elbow. On exam, she has tenderness and obvious swelling over the medial epicondyle with pain with resisted flexion at the wrist. The repetitive movements that create her carpal tunnel syndrome can generate epicondylitis as well. I think she has had lateral epicondylitis in the past as well. Presently, she is doing too much repetitive flexion and is creating medial epicondylitis. She needs to keep her hand in a more neutral position. She can wear her tennis elbow brace over the medial aspect of her elbow. If things do not settle down, we may need to go down the road of needing injections or therapy.

JAY M. BROOKER, M.D.

Signature mechanically affixed

JMB

MIDLAND ORTHOPEDIC ASSOCIATES, S.C.  
 CHICAGO, IL

777777 0 000

JOHN D. SONNENBERG, M.D.  
 DIRK NELSON, M.D.  
 ROHAN G. MADAY, M.D.  
 STEPHEN V. PERNS, D.P.M.  
 MICHAEL C. MORAN, M.D.  
 WILLIAM A. HELLER, M.D.  
 AL M. BROOKER, M.D.

MIDDLED

Orthopaedic  
SpecialistsORTHOPAEDIC  
SPECIALISTS

2800 S. WABASH SUITE 100  
 CHICAGO, IL 60616  
 708/459-4800

6785 S. MEARIAN LANE  
 HOMESTEAD, IL 60430  
 708/459-1180

4801 W. WILLOW SPRINGS RD., #400  
 LA GRANGE, IL 60525  
 708/459-7787

9717 S. WESTERN AVE.  
 CHICAGO, IL 60649  
 773/929-2400

TYPE VISIT (NEW)	CODE	FEES	CASTING	CODE	FEES	OTHER SERVICES	CODE	FEES
LEVEL	0802		LONG ARM	28045		ASPIRATION SMALL-PL.	28030	
EMERGENCY	08030		SHORT ARM	28070		ASPIRATION MEDIUM-PL.	28050	
TYPE VISIT (RETURN/REHAB)			LONG LEG	28080		ASPIRATION LARGE-PL.	28010	
LEVEL	0801		SHORT LEG	28425		TRIGGER POINT-PL.	28580	
COMPENSATING	(0801-1-24)		PLASTER(ROLLS)	A4800		CELESTONE <input type="checkbox"/> CO	30704	
SURGICAL FOLLOW-UP	08084		FIBERGLASS(ROLLS)	A4820		KENLOG <input type="checkbox"/> CO	35901	
CONSULTATION DR.			UNNA BOOT	28860		DISPLACEMENT	71040	
LEVEL	0804		FINGER SPLINT	29180		PIN REMOVAL	28670	
CONSULTATION DR.			ELASTICS	29280		IX FIX REMOVAL	28680	
LEVEL	0807		REMOVAL CAST	28705		X-RAY CONSULTATION	78140	
MR.	08466		WINDOW CAST	28730		SPECIAL REPORTS	28080	
NAME/ADDRESS			WEDGE CAST	28770		EDUCATIONAL	68071	
WITH PATIENT	08084					MEDICAL TESTIMONY	80075	
NO PATIENT	08084					FRACTURE CARE	( )	
PHONE	0807					OTHER SUPPLIES	( )	

## 5340 CERVICAL TUNNEL SYNDROME

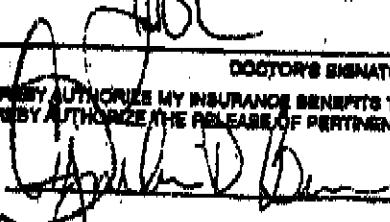
DIAGNOSIS: ( )

REB: ( ) MD ( ) DO ( ) AM DATE: \_\_\_\_\_

ERATION: \_\_\_\_\_

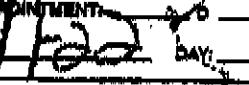
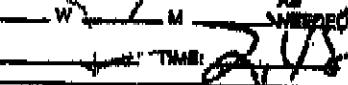
( ) ERG ( ) CLR ( ) DEPT: \_\_\_\_\_

ANESTHESIA:  TEST: \_\_\_\_\_

DOCTOR'S SIGNATURE: 

I HEREBY AUTHORIZE MY INSURANCE BENEFITS TO BE PAID TO THE ABOVE SIGNED PHYSICIAN, REALIZING I AM RESPONSIBLE TO PAY NON-COVERED SERVICES AND  
 I HEREBY AUTHORIZE THE RELEASE OF PERTINENT MEDICAL INFORMATION TO INSURANCE CARRIERS.

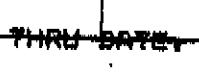
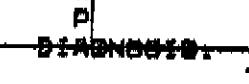
DATE: 10/20/04

NEXT APPOINTMENT:  W  M  AB  
 DATE:  DAY:  TIME: 

## PATIENT INFORMATION

11/1/04

## ACCOUNT INFORMATION

DATE	TIME	PATIENT	DRX: M-F	PRIOR BALANCE
10/20/04	2:45P	CYNTHIA BENSON	F	116.00
CHAR. SLIP NO.	DOCTOR	LOCATION		TODAY'S CHARGE
1513993 JMB		BEVERLY OFFICE		
ABCT.NO.	RESPONSIBLE PARTY	PHONE NO.		TODAY'S PAYMENT
56631 CYNTHIA		773 / 375-1933		
MECAP: OVER 60	OVER 60	OVER 60	CURRENT	BALANCE
.00	.00	.00	.00	
INSURANCE COMPANY	POLICY NUMBER		BALANCE TYPE	
DOL	318545758/		W	
			P	
FROM DATE: 	THRU DATE: 	DIAGNOSES: 		



**UNITED STATES POSTAL SERVICE**  
**LIMITED DUTY JOB OFFER ASSIGNMENT**  
**68**

Employee: **CYNTHIA BROWN**

SSN:

**5755**

Job Title:

**PTF CLERK**

Tour of Duty:

Geographical Location:

OWCP Claim #: **102007312**

DOI: **8-1-2001**

Level/Step:

NIB Days Off: **PTF**

Salary:

EFFECTIVE DATE:

**SECTION 1:**

The USPS is officially offering you the following limited duty assignment which has a description of the duties assigned along with the physical requirements to perform the assigned tasks. This limited duty assignment is offered to you in good faith and is tailored to meet your physical needs. You are hereby instructed to work within these medically defined restrictions and you must submit medical documentation beyond 30 DAYS / 12-29-04 (MDA).

**DESCRIPTION OF DUTIES WITH PHYSICAL REQUIREMENTS**

WITHIN YOUR WORK CAPACITY MEDICAL DOCUMENTATION (LATEST RESTRICTIONS)

THIS JOB OFFER CONSIST OF THE FOLLOWING: BEING A CUSTOMER SERVICE ADVISOR (Auto Postal Center)  
LOBBY SWING, B125 DOCUMENT, HELP CLEARING CARRIERS & FLOOR SERVICE  
AND READING USPS MANUAL

LISTED BELOW ARE PHYSICAL RESTRICTIONS FROM WHICH THE JOB WAS DEVELOPED  
AND BASED ON MEDICAL DATED 11-29-04

STANDING

WALKING

CARRYING WEIGHT

PULLING WEIGHT

TWISTING

REACHING

SEATING

LIFTING WEIGHT

PUSHING WEIGHT

BENDING

CLIMBING HEIGHT

Future USPS operational needs may require a change in your tour of duty and/or assignment. However, all job assignments will be in strict compliance with any physical activity restrictions existing at the time the change is made to the limited duty assignment. Please indicate your decision by signing in the appropriate space below and return this job offer to the RCCO within five days of your receipt.

In accordance with United States Code, Title 5, Section 5106(c), a partially disabled employee who either refuses to seek suitable work, or who refuses or neglects to work after suitable work is offered, is not entitled to compensation.

I accept the above job offer

*Yolanda D. Brown* 12/7/04  
 Date

I reject the above job offer

Date

Reason for refusal:

---



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Patient Name: **MONICA BROWN**  
Patient Birthdate: **09/30/1964**Account Number: **56631**1/14/00  
Page 2**12/28/2004**

Cynthia Brown is here in follow up for her medial epicondylitis in her hands. Basically the cause of the epicondylitis is the same repetitive activities that aggravated her carpal tunnel syndrome, repetitive flexion at the wrist. I'm going to have her undergo soon therapy to help improve this situation and I will see her back in a month.

**JAY M. BROOKER, M.D.**  
Signature mechanically affixed

JMB/r

**12/30/2004**

Cynthia Brown is here in follow up for her medial epicondylitis that is related to the carpal tunnel syndrome related to the repetitive activities that develop flexion at the wrist. She's only begun therapy last week and actually should improve with rest and therapy. Therapy alone does not seem to help thus far because she continues to do the same activities at work and we're going to stop that for a couple of weeks and see if we can get her to improve effectively. If I can't get it to settle down completely, I will also inject the area.

**JAY M. BROOKER, M.D.**  
Signature mechanically affixed

JMB/r

**01/12/2005**

Cynthia Brown is here in follow up for her medial epicondylitis. She is improving but has not fully improved as of yet. I would recommend she complete the therapy and if she has not gotten full relief, I would also recommend I inject the area.

**JAY M. BROOKER, M.D.**  
Signature mechanically affixed

JMB/r

GERALD F. LOFTUS, M.D.  
 JOHN D. SONNENBERG, M.D.  
 J. DIRK NELSON, M.D.  
 MICHAEL G. MADAY, M.D.  
 STEPHEN V. PERIN, D.P.M.  
 MICHAEL C. MORAN, M.D.  
 WILLIAM A. HELLER, M.D.  
 JAY M. BROOKER, M.D.

MISSOURI

A Member of  
Combined  
Orthopaedic  
Specialists

2850 S. WABASH (SUITE 100)  
 CHICAGO, IL 60615  
 312/649-4600

8735 S. MERRISON LANE  
 HOMESTEAD, IL 60430  
 708/462-1160

8601 S. WILLOW SPRINGS RD. #240  
 LA GRANGE, IL 60525  
 708/462-7787

9717 S. WESTERN AVE  
 CHICAGO, IL 60640  
 773/259-5485

PROCEDURE CODE	CODE	PER	PROCEDURE CODE	CODE	PER	OTHER SERVICES	CODE	PER
LEVEL	9990		CASTING	99055		ASPIRATION SMALL-PL	99800	
EMERGENCY	99955		LONG ARM	99075		ASPIRATION MEDIUM-PL	99805	
LEVEL	9991		SHORT ARM	99085		ASPIRATION LARGE-PL	99810	
COMPLICATING	(9991-1) 994		LONG LEG	99095		TRIGGER POINT-PL	99850	
SURGICAL FOLLOW-UP	99934		SHORT LEG	99120		OLESTONE 00	99764	
LEVEL	9994		PLASTER(ROLLS)	99830		KENOB	99801	
LEVEL	9997		FIBERGLASS(ROLLS)	99850		DISPENSER	11040	
LEVEL	99455		UNNA BOOT	99860		PIN REMOVAL	99870	
LEVEL	9998		FINGER SPLINT	99130		EX FIX REMOVAL	99880	
LEVEL	9994		CLAYBONE	99890		X-RAY CONSULTATION	99140	
LEVEL	9997		REMOVAL CAST	99705		SPECIAL REPORTS	99890	
LEVEL	99455		WINDOW CAST	99730		EDUCATIONAL	99871	
LEVEL	9997		WEDGE CAST	99770		MEDICAL TESTIMONY	99875	
LEVEL	9994		(WEDGE)			FRACTURE CARE		
LEVEL	9998					OTHER		
LEVEL	9997					SUPPLIES		

3040 - CARPAL TUNNEL SYNDROME

DIAGNOSIS: ( / )

DATE OF INJURY \_\_\_\_\_ FIRST CONSULT \_\_\_\_\_

RETURN TO WORK \_\_\_\_\_

( ) NOT YET ESTIMATED RETURN \_\_\_\_\_

( / ) LIGHT DUTY ONLY AS OF \_\_\_\_\_

RESTRICTIONS: \_\_\_\_\_

POD-LEVEL \_\_\_\_\_ MM AS OF \_\_\_\_\_

( ) REGULAR DUTY; NO RESTRICTIONS AS OF \_\_\_\_\_

NEXT APPOINTMENT: \_\_\_\_\_ D \_\_\_\_\_ W \_\_\_\_\_ M \_\_\_\_\_ AS NEEDED  
 DATE: 12/29 DAY: 3:00p TIME: 3:00p

ANESTHESIA ( / ) TESTING: \_\_\_\_\_

DOCTOR'S SIGNATURE

I HEREBY AUTHORIZE MY INSURANCE BENEFITS TO BE PAID TO THE ABOVE SIGNED PHYSICIAN, REALIZING I AM RESPONSIBLE TO PAY NON-COVERED SERVICES AND  
 I HEREBY AUTHORIZE THE RELEASE OF PERTINENT MEDICAL INFORMATION TO INSURANCE CARRIERS.

PATIENT INFORMATION

John D. Benson  
 DATE: 11/29/04

## ACCOUNT INFORMATION

DATE	PATIENT	SEX: M / F	PRIOR BALANCE
11/29/04	CYNTHIA	F	156.00
CHRG. GLP NO.	DOCTOR	LOCATION	TODAY'S CHARGE
521325-100		BEVERLY BEVERAGE	
ACCT NO.	RESPONSIBLE PARTY	PHONE NO.	TODAY'S PAYMENT
56631	CYNTHIA	773 / 375-1933	
RECAP:	OVER 60	OVER 60	CURRENT
			BALANCE DUE
INSURANCE COMPANY	POLICY NUMBER	BALANCE TYPE	
DOL	018545788/	W	
FROM DATE: <u>11/29/04</u>	THRU DATE: <u>12/29/04</u>		



**UNITED STATES POSTAL SERVICE**  
**LIMITED DUTY JOB OFFER ASSIGNMENT-**  
**68**

Employee: **CYNTHIA BENSON**  
 SSN: **5758**  
 Job Title: **PTF CLERK**  
 Tour of Duty:  
 Geographical Location:

OWCP Claim #: **102007312**  
 DOI: **AVG 12-2001**  
 Level/Step:  
 N/S Days Off:  
 Salary:  
 EFFECTIVE DATE:

**SECTION 1:**

The USPS is officially offering you the following limited duty assignment which lists a description of the duties assigned along with the physical requirements to perform the assigned tasks. This limited duty assignment is offered to you in good faith and is tailored to meet your physical needs. You are hereby instructed to work within these medically defined restrictions and you must submit medical documentation beyond 30 DAYS OR NEAR DOCTOR'S WRITING.

**DESCRIPTION OF DUTIES WITH PHYSICAL REQUIREMENTS**

ALL WORK WILL BE WITHIN YOUR WORK CAPACITY MEDICAL DOCUMENTATION/RESTRICTIONS, ACCOUNTABLE CARE (KEYS, MAIL, AND SIGNING OUT ACCOUNTABLE MAIL), LOBBY SWEEPS, CUSTOMER SERVICE ADVISOR (AUTOMATED POSTAL CENTER), PHONE SERVICE, 8125 DROP SHIPMENT LOC/FAX, AND OTHER CLERK FUNCTIONS WITHIN YOUR RESTRICTIONS.

LISTED BELOW ARE PHYSICAL RESTRICTIONS FROM WHICH THE JOB WAS DEVELOPED AND BASED ON MEDICAL DATED JUN 12 2005

STANDING -  
 WALKING -  
 CARRYING WEIGHT **10 lbs**  
 PULLING WEIGHT **10 lbs**  
 TWISTING -  
 REACHING -

SITTING -  
 LIFTING WEIGHT **10 lbs**  
 PUSHING WEIGHT -  
 BENDING -  
 CLIMBING HEIGHT -

Future USPS operational needs may require a change in your tour of duty and/or assignment. However, all job assignments will be in strict compliance with any physical activity restrictions existing at the time the change is made to the limited duty assignment. Please indicate your decision by signing in the appropriate space below and return this job offer to the FCOO within 5 days of your receipt.

In accordance with United States Code, Title 5, Section 8106(c), a partially disabled employee who either refuses to seek suitable work, or who refuses or neglects to work after suitable work is offered, is not entitled to compensation.

I accept the above job offer \_\_\_\_\_ Date \_\_\_\_\_

I reject the above job offer \_\_\_\_\_ Date \_\_\_\_\_

Reason for refusal:  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_



**UNITED STATES POSTAL SERVICE**  
**LIMITED DUTY JOB OFFER ASSIGNMENT**  
**68**

Employee **LYNTHA BENSON**  
 3000  
 3750B  
 Job Title: **PTP CLERK**  
 Date of Birth: **10/08/1968**  
 Occupational Category: **Administrative Clerical**

OWP Client: **100007312**  
 DOI: **AVG 12001**  
 Location: **Los Angeles**  
 N/C Days Off: **0**  
 Salary: **\$10.00**  
 Effective Date: **10/08/2005**

**SECTION 1:**

The USPS is officially offering you the following Limited duty assignment which lists a description of the duties assigned along with the physical requirements to perform the assigned tasks. This Limited duty assignment is offered to you in good faith and is tailored to meet your physical needs. You are hereby instructed to work within these medically defined restrictions and you must submit medical documentation beyond 30 DAYS to your supervisor.

**DESCRIPTION OF DUTIES WITH PHYSICAL REQUIREMENTS**

All work will be within your work capacity except for document delivery/return documentation (such as return of a package or document) Lorry Driver, Customer Service, Delivery, Customer Service, Postage Services, Drop Shipment, Logistics, and other clerical functions within your restrictions.

LISTED BELOW ARE PHYSICAL REQUIREMENTS FROM WHICH THIS JOB WAS DEVELOPED  
AND BASED ON MEDICAL DATE JUN 02 2005

STANDING -

WALKING -

CARRYING WEIGHT 100 -

PULLING WEIGHT 100 -

TWISTING -

REACHING -

Stand and sit for extended periods of time

Stand and walk for extended periods of time

STANDING -

Carrying weight 100

Pulling weight 100

Twisting -

Reaching -

unable to  
use arms  
JP

Future USPS operations might may require a change in your job duty and/or assignment. However, all job assignments will be in strict compliance with any physical ability restrictions existing at the time the change is made to the Limited duty assignment. Please initial your decision to decline in the space below and return this Job Offer to the HCO within the date of issue stated.

In accordance with United States Code, Title 5, Section 8107(c), a partially disabled employee who either refuses to seek suitable work, or who refuses or neglects to seek other suitable work is deemed to be negligent in preparation.

I accept the above job offer

I reject the above job offer

Reason for decline:

L. LIMA NELSON, M.D.  
 MICHAEL G. MADAY, M.D.  
 STEPHEN V. PERNS, D.P.M.  
 MICHAEL C. MORAN, M.D.  
 WILLIAM A. HELLER, M.D.  
 JAY M. BROOKER, M.D.

## MIDLAND

## ORTHOPEDICS

Combined  
Orthopaedic  
Specialties

2950 S. WABASH SUITE 100  2726 S. MURKIN LANE  4801 N. WILLOW SPRINGS RD. #840  1717 S. WESTERN AVE.  
 CHICAGO, IL 60616 HOMETOWN, IL 60460 LA GRANGE, IL 60526 CHICAGO, IL 60645  
 515/425-4800 708/425-1750 708/425-7757 773/280-8446

OFFICE VISIT (H/H)	CODE	FEES	CASTING	CODE	FEES	OTHER SERVICES	CODE	FEES
LEVEL	8820		LONG ARM	29065		ASPIRATION SMALL-RL	20800	
EMERGENCY	88068		SHORT ARM	29076		ASPIRATION MEDIUM-RL	20805	
OFFICE VISIT (Established)			LONG LEG	29568		ASPIRATION LARGE-RL	20810	
LEVEL	8821		SHORT LEG	29425		TRIGGER POINT-RL	20540	
COMPLICATING	(8821)-24		PLASTER/WOOLLS	A4580		CELESTONE ____OC	90704	
SURGICAL FOLLOW-UP	88024		FIBERGLASS/WOOLLS	A4590		KINSLOG ____OC	38001	
CONSULTATIONS DR.			UNNA BOOT	29860		DEBRIDEMENT	11040	
LEVEL	8824		FINGER SPLINT	29130		PIN REMOVAL	20870	
RECOMMENDATION (H/H)			ELASTICS	50880		EX FIX REMOVAL	20480	
LEVEL	8827		REMOVAL CAST	29705		X-RAY CONSULTATION	78140	
ME	88488		WINDOW CAST	29780		SPECIAL REPORTS	88080	
EDUCATIONAL MANAGEMENT			WEDGE CAST	29770		EDUCATIONAL	98071	
WITH PATIENT	88084					MEDICAL TESTIMONY	98073	
W/O PATIENT	88085							
PHONE	88297							
DIAGNOSIS: (			MINOR SURGERY					
REASON: (								
OPERATION: (								
RECOVERY: ( )BD ( )SS ( )AM DATE: _____								
ESTHESIA: _____								
TESTING: _____								
DOCTOR'S SIGNATURE: _____								
I HEREBY AUTHORIZE MY INSURANCE BENEFITS TO BE PAID TO THE ABOVE SIGNED PHYSICIAN. REALIZING I AM RESPONSIBLE TO PAY NON-COVERED SERVICES AND I HEREBY AUTHORIZE THE RELEASE OF PERTINENT MEDICAL INFORMATION TO INSURANCE CARRIERS.								
_____ J. Michael Benson DATE: _____								
PATIENT INFORMATION								
J. Michael Benson								
ACCOUNT INFORMATION								
1/12/05 2100P CYNTHIA BENSON F 174.00								
CHRG. BLF NO.	DOCTOR	LOCATION	TODAY'S CHARGES					
531031 JMB		BEVERLY OFFICE						
ACCT. NO.	RESPONSIBLE PARTY	PHONE NO.	TODAY'S PAYMENT					
55631	CYNTHIA	773 / 373-1933						
MEMO:	OVER 60	OVER 30	CURRENT	BALANCE DUE				
	.00	.00	.00	100				
INSURANCE COMPANY DOL	POLICY NUMBER 318545758/		N	BALANCE TYPE				
FROM DATE COPAY \$	THRU DATE		R					
DIAGNOSIS: _____								

DATE OF INJURY \_\_\_\_\_ FIRST CONSULT \_\_\_\_\_

RETURN TO WORK: \_\_\_\_\_

( ) NOT YET; ESTIMATED RETURN \_\_\_\_\_

( ) LIGHT DUTY ONLY AS OF \_\_\_\_\_

( ) RESTRICTIONS: \_\_\_\_\_

Should not be  
running +  
ambulating +  
climbing +  
carrying +  
etc.No specific  
guidelines  
given +  
etc.

PDL-LEVEL \_\_\_\_\_ MM AS OF \_\_\_\_\_

( ) REGULAR DUTY; NO RESTRICTIONS AS OF \_\_\_\_\_

NEXT APPOINTMENT: D 3 W \_\_\_\_\_ M \_\_\_\_\_ AB  
 NEEDED  
 DATE: 2/1/05 DAY: 11 AM TIME: 2:00P



**INJURY COMPENSATION CONTROL OFFICE  
CENTRAL ILLINOIS PERFORMANCE CLUSTER  
UNITED STATES  
POSTAL SERVICE**

**MODIFIED JOB OFFER ASSIGNMENT**

JOB OFFER ASSIGNMENT			
Employee Name <b>CYNTHIA BENSON</b>	DOI 08/01/2001	SSN 318545758	OWCP Claim # 102007312
Office/Work Location (Name) <b>MATTESON</b>	Pay Loc 102	Date of injury Employee Position Title <b>DISTRIBUTION CLERK</b>	
WORK HOURS:	OFF DAYS: <i>Thurs, Fri, Sunday</i>		
LOCATION:			
EFFECTIVE DATE: <i>08/05</i>			
REASSIGNMENT POSITION TITLE: (MODIFIED)			

Part 3 - Job Assessment Test

**Supervisor:** List duties employee is capable of performing within their medical/ restrictions. Provide detailed information below with approximate amount of time work is available in each duty, i.e.: 30 minutes sweeping mail, 3 hours casing letters, 1 hour casing flats, 2 hours delivering Express Mail, etc. List all productive work prior to non-productive work.

**The duties of this modified assignment are listed below:**

Amount of Time      LDC/OPN

**Supervisor's Signature: POSTMASTER/MANAGER**

Data

I accept/ I reject the reassignment job offer. (EXPLAIN)

---

**Employee's Signature:**

Date: 11/9/13

Patient Name: CYNTHIA BENSON  
 Patient Birthdate: 09/30/1964

Account Number: 56681

Page 3

03/03/2008

Cynthia Benson is here in follow up for her medial epicondylitis. Presently everything is recovering and is functioning nicely. She needs to continue with the following restrictions:

The patient will be allowed to do lifting up to 5 pounds. The patient should not do repetitive lifting involving lifting for more than 4 items without taking a rest which would involve at least a 15 minute rest. The patient is not allowed to repetitively grasp and reach overhead or in front of her to case mail due to the repetitive strain that this creates to the medial epicondyle on the rotator cuff region. The patient is not allowed to do any repetitive data entry with keyboard, is allowed to do occasional data entry involving typing that does not involve data of more than minimal information such as one or two sentences at a time. She should not be doing data entry that involves 100 to 200 words per minute for several hours at a time, occasional data entry for purpose of documentation at her work is o.k. to do. She is not allowed to do any repetitive lifting or jerking of the arms that involves heavier lifting than the mentioned weight. In terms of repetitive activity she should never do repetitive lifting as stated earlier. She should only do very low amounts for very short repetitions such as 4 times. She can perform the functions of a clerk or secretarial type person. I am only concerned about the repetitive activities involved in casing mail. My experience with other patients is that it generally exacerbates conditions that involve carpal tunnel syndrome or epicondylitis or impingement of the shoulder due to the fact that the casing mail involves several hours of repetitively moving mail from one position to the next at a rapid pace and this is not something that the patient is capable of performing at all.

His should be permanently noted. It is not going to change. The remainder of her motions are intact. She can do gross and fine manipulation. She is simply not allowed to do repetitive activities as stated earlier that involve flexion, extension of the wrist, elbow and shoulder.

Would you have any further questions, please feel free to contact me directly.

Incidentally please note that answering a telephone is not a repetitive activity and this problem could simply be remedied if there was a great concern by giving a corded headset that does not involve lifting a receiver. However, I do not feel that repetitive lifting a telephone 25 times a day is going to create a problem.

C. W. BROOKER, M.D.  
 Signature mechanically affixed

/x



# UNITED STATES POSTAL SERVICE

## PERMANENT MODIFIED ASSIGNMENT

Employee: CYNTHIA D. BENSON  
 SSN: 318-64-6768  
 Job Title: MODIFIED PTF CLERK  
 Tour of Duty:  
 Geographical Location: MATTESON POST OFFICE

OWCP Claim#: 10-2007312  
 DOI: 06/01/01  
 Level/Step: 06/0  
 N/S Days Off:  
 Salary: \$22.63 HOUR  
 EFFECTIVE DATE: MAY 28, 2006

### SECTION 1:

The USPS is officially offering you the following limited duty assignment which lists a description of the duties assigned along with the physical requirements to perform the assigned tasks. This limited duty assignment is offered to you in good faith and is tailored to meet your physical needs. You are hereby instructed to work within those medically defined restrictions and you must submit medical documentation beyond MAY 28, 2006 (YEARLY).

### DESCRIPTION OF DUTIES WITH PHYSICAL REQUIREMENTS

#### MODIFIED JOB ASSIGNMENT DESCRIPTION OF DUTIES:

Being a customer service advisor/lobby director you will stand in the lobby assisting customers with postal forms, postal information, retrieving hold mail and certifieds, and assisting customers by instructing and promoting the Auto Postal Center (APC). This does not include maintenance. You will keep the lobby furnished with forms and promote postal products for sale. You will keep posting s and current events in the lobby updated, including bulletin boards and signage. You will complete 8125 drop shipments, scanning and documenting receipt, without lifting parcels. You can answer the telephones, seated or standing, taking messages, giving postal information and ~~and~~ ~~and~~ ~~and~~ ~~and~~ ~~and~~ ~~and~~ filling stamps by fax orders. ~~POSTAL SERVICES~~

BASED ON MEDICAL DATED 04/15/06 FROM DR. JAY BROOKER, THIS JOB WAS DEVELOPED TO CONFORM WITH THE FOLLOWING PHYSICAL RESTRICTIONS.

STANDING	8 HRS	SITTING	8 HRS
WALKING	8 HRS	LIFTING WEIGHT	8 LB, 1-2 HRS
CARRYING WEIGHT	5 LB FOR 1-2 HRS	PUSHING WEIGHT	15 LB, 1-2 W/CART
PULLING WEIGHT	15 LB WITH CART 1-2 HRS	BENDING	4-6 HRS
TWISTING	4-6 HRS	CLIMBING HEIGHT	8 HRS
REACHING	1-2 HRS, NONE OVER SHOULDER		

Future USPS operational needs may require a change in your tour of duty and/or assignment. However, all job assignments will be in strict compliance with any physical activity restrictions existing at the time the change is made to the limited duty assignment. Please indicate your decision by signing in the appropriate space below and return this job offer to the ICCO within two days from the effective date of this limited duty assignment.

In accordance with United States Code, Title 5, Section 8108(c), a partially disabled employee who either refuses to seek suitable work, or who refuses or neglects to work after suitable work is offered, is not entitled to compensation.

I accept the above job offer

CYNTHIA D. BENSON

Date

I reject the above job offer

CYNTHIA D. BENSON

Date

Reason for refusal:

Authorized By	CARMEN KIMBLE	Date Authorized	05/24/05
Title:	POSTMASTER		

Patient Birthdate: 03/30/1961

Account Number: 85631

1/01/08

708-740-4060  
FAX

03/09/2008

Cynthia Benson is here in follow up for her epicondylitis. She is improved with the appropriate restrictions. They have not really allowed her to work that much. I feel that she could perform 30 to 40 hours a week of lighter work but I don't know that they're really offering that for her right now. I will see her back in about 4 weeks.

JAY M. BROOKER, M.D.  
Signature mechanically affixed

JMB/r

04/18/2008

I did a work capacity evaluation for Ms. Benson today which essentially gives her final restrictions as one to two hours of general working, no reaching over the shoulder, no repetitive movements of the wrist and elbow, no pushing, pulling or lifting more than 1 or 2 hours with a cart. She should only push or pull 15 pounds and she should lift only 8 pounds. She should be able to take breaks every 15 minutes for short periods of time up to 10 minutes and that should allow everything that may become inflamed to settle down. I will assess her at this point whenever she needs to.

JAY M. BROOKER, M.D.  
Signature mechanically affixed

JMB/r

05/16/2008

Cynthia Benson is here in follow up for her carpal tunnel syndrome and cubital tunnel syndrome of both hands. She is here for filing of paperwork to obtain permanent impairment rating. I did that and I will have her follow up as needed.

She was given a job offer that does not include the original restriction that she should have two days consecutively off, to allow her symptoms to settle down. I feel that with nerve impingement at the carpal tunnel and the cubital tunnel of both arms, she would be better off if she were allowed to rest for two consecutive days to allow this to settle down. This is the only modification of the permanent duties that I would state would be necessary. Everything else that she has been offered



DATE: July 26, 2005

OFFER OF MODIFIED ASSIGNMENT (LIMITED DUTY)		REASSIGNMENT	
Employee Name Cynthia Benson	DOI 08/01/01	SSN 5768	OWCP Claim # 10-2007312
Office/Work Location (Name) Matteson	Pay Loc	Date of Injury Employee Position Title PTF Clerk	
WORK HOURS: <i>8 hours per day</i>	OFF DAYS: Sunday, Wed & Thurs		
LOCATION: Matteson Post Office			
EFFECTIVE DATE: <i>07-26-05 8-8-05</i>			
REASSIGNMENT POSITION TITLE: (MODIFIED) <i>Customer-Limited Duty Job Assignment</i>			

## Part A - Job Assignment Identification

Supervisor: List duties employee is capable of performing within their medical restrictions. Provide detailed information below with approximate amount of time work is available in each duty, i.e.: 30 minutes sweeping mail, 2 hours mailing letters, 1 hour mailing flats, 2 hours delivering Express Mail, etc. List all productive work prior to non-productive work.

**The duties of this modified assignment are listed below** **Amount of Time** **LDC/OPN**

Lobby Director/Customer Service Advisor – Customer Assistance	8 hours	As Needed
Passport Processing and Acceptance	8 hours	As Needed
Finalize 8125 drop shipments, scanning and updating receipts	8 hours	As Needed
Bulletin Board Maintenance and Updates throughout facility	8 hours	As Needed
Processing Stamps by Fax Orders	8 hours	As Needed
Customer Service Telephone Representative	8 hours	As Needed
APC Director	8 hours	As Needed
Lobby Sales of OLMP Products	8 hours	As Needed
Coordinator for Lobby Beautification	8 hours	As Needed
Close-Out Accountables from Incoming Carriers	1-2 hours	As Needed

**All within documented medical restrictions.**

Lifting/Carrying	8 lbs 1-2 hours	Walking	8 hours
Pushing/Pulling	15 lbs 1-2W/Cart	Standing	8 hours
Bending/Stopping	4-5 Hours	Sitting	8 hours
Twisting	4-5 Hours	Reaching Above Shoulder	1-2 hours none over shoulder
Kneeling	N/A	Driving	N/A
Climbing	8 hours	Simple grasping	Intermittent within restrictions
Other	Employee will work Mon, Tues, and Fri 9:00-600pm Mon-Wed <i>1 hour lunch</i> 3:00-400pm, Saturday, 7:30-3:30pm – <i>1 hour</i> 11:30-12:00 lunch. Non-Schedule days Thurs, Friday and Sunday to meet restrictions.		

Supervisor's Signature: \_\_\_\_\_ POSTMASTER/MANAGER Date \_\_\_\_\_

I accept  I reject the reassignment job offer. (EXPLAIN)

Employee's Signature: *Cynthia D. Benson* Date: *8/24/2005*  
 Original (Rep/Copy/Employee) Copy - Injury Compensation Control Office  
 Area Copy-Supervisor/Work

I certify that I received the original Offer of Modified Assignment:  
 Initials: \_\_\_\_\_  
 (MODIFIED PS FORM 2499X).doc

DATE: August 24, 2005  
8/24/2005

## OFFER OF MODIFIED ASSIGNMENT (LIMITED DUTY)

Employee Name Cynthia Benson	DOI 08/01/01	SSN 5758	OWCP Claim # 10-2007312
Office/Work Location (Name) Matteson	Pay Loc	Date of Injury Employee Position Title PTF Clerk	
WORK HOURS: 8 hrs Mon, Tues & Fri, 8 hr Sat	OFF DAYS: Sunday, Wed & Thurs		
LOCATION: Matteson Post Office			
EFFECTIVE DATE: 08/27/08			
REASSIGNMENT POSITION TITLE: (MODIFIED) Permanent Limited Duty Job Assignment			

Pad 2 - Job Assignment Identification

Supervisor: List duties employee is capable of performing within their medical restrictions. Provide detailed information below with approximate amount of time work is available in each duty, i.e.: 30 minutes sweeping mail, 2 hours casting letters, 1 hour casting flats, 2 hours delivering Express Mail, etc. List all productive work prior to non-productive work.

**The duties of this modified assignment are listed below** **Amount of Time** **LDC/OPN**

Lobby Director/Customer Service Advisor - Customer Assistance	8 hours	As Needed
Passport Processing and Acceptance	8 hours	As Needed
Finalize 8128 drop shipments, scanning and updating receipts	8 hours	As Needed
Bulletin Board Maintenance and Updates throughout facility	8 hours	As Needed
Processing Stamps by Fax Orders	8 hours	As Needed
Customer Service Telephone Representative	8 hours	As Needed
APC Director	8 hours	As Needed
Lobby Sales of OLDP Products	8 hours	As Needed
Coordinator for Lobby Beautification	8 hours	As Needed
Other work related activities that within medical restrictions	8 hours	As Needed

**All within documented medical restrictions.**

Lifting/Carrying	8lbs 1-2 hours	Walking	8 hours
Pushing/Pulling	15 lbs 1-2W/Cart	Standing	8 hours
Bending/Sloping	4-5 Hours	Sitting	8 hours
Twisting	4-5 Hours	Reaching Above Shoulder	1-2 hours none over shoulder
Kneeling	N/A	Driving	N/A
Climbing	8 hours	Simple grasping	Within restrictions
Other	Employee will work Mon, Tues, and Fri 0800-0530pm Mon-Wed, 1 1/2 hour lunch 2:00-3:30pm, Saturday, 7:00-3:30pm - 1/2 hour 11:00-1130 lunch. Non-schedule days Wed, Thurs and Sunday to meet restrictions.		

Supervisor's Signature: \_\_\_\_\_ POSTMASTER/MANAGER Date \_\_\_\_\_

I accept/  I reject the reassignment job offer: (EXPLAIN)

Employee's Signature: *Cynthia D. Benson* Date: 8/24/08  
Original (Top Copy) Employee Copy - Injury Compensation Control Office  
Area: Copy-Supervisor/Work

I certify that I received the original Offer of Modified Assignment:  
Initials: \_\_\_\_\_

(MODIFIED PS FORM 3400X).doc

Copy 8/24/08



DATE: November 3, 2008

## OFFER OF MODIFIED ASSIGNMENT (LIMITED DUTY)

Employee Name Cynthia Benson	DOI 08/01/01	SSN 5758	OWCP Claim # 10-2007312
Office/Work Location Malteson PO 60443	Pay Loc	Date of Injury Employee Position Title PTF Clerk	
POSITION: PTF Clerk		OFF DAYS: Sun, Wed, and Thurs	
START TIME: 9:00 am Mon, Tue, Fri 7:00 am Sat. (8 hours Mon, Tue, Fri & Sat)		LEVEL/STEP: NC	
EFFECTIVE DATE: 11/11/08		SALARY: NC	
REASSIGNMENT POSITION TITLE(MODIFIED) Permanent Limited Duty Job Assignment		OCC. CODE:	

The duties of this modified assignment are listed below:

Customer Service Advisor-Customer Assistance	8 hours	As Needed
Passport Processing and Acceptance	8 hours	As Needed
Finalize 8125 Drop Shipment scanning and updating receipts	8 hours	As Needed
Bulletin Board Maintenance and Updates throughout the facility	8 hours	As Needed
Shuttle Mailout Priorities/Express to Tinley Park	8 hours	As Needed
Customer Service Telephone Representative	8 hours	As Needed
APC Director and Lobby Director	8 hours	As Needed
Lobby Sales of OL RP products	8 hours	As Needed
Coordinator of Lobby beautification	8 hours	As Needed
Other work related activities that are within medical restrictions	8 hours	As Needed

The physical requirements to perform the above tasks are listed below:

The above modified assignment must be in accordance with the physical restrictions listed below based on medical documentation dated

Medical Update Received by August 2007.

Lifting/Carrying	8 lbs 1-2 hours	Walking	8 hours
Pushing/Pulling	15 lbs 1-2 hours w/cart	Standing	8 hours
Bending/Stooping	4-5 hours	Sitting	8 hours
Twisting	4-5 hours	Reaching Above Shoulder	1-2 hours none over shoulder
Kneeling	4-5 hours	Driving	N/A
Climbing	N/A	Simple grasping	Within restrictions
Other	Employee will work Mon, Tue and Fri 8am to 6 pm with a 1 hour lunch 12:30-1:30 pm and Saturday 7:00 to 3:30 pm -1/2 hour lunch. Non scheduled days Wed and Thur.		

**EMPLOYEE INFORMATION:** This assignment will remain within the physical restrictions furnished by your treating physician. You are advised not to exceed these limitations. This assignment is currently available and is subject to revision based on changes in your physical restrictions and/or operations requirements. In the event that a revision is necessary, you will be provided a revised written modified assignment. Indicate your decision in the appropriate box located at the bottom of the assignment offer and return this job offer to a supervisor within five days of your receipt. No response will be considered a refusal. If you refuse this modified assignment offer, the Office of Workers' Compensation Programs (OWCP) will be advised for whatever action they deem appropriate.

This modified assignment offer has been prepared and is offered to you in accordance with guidelines outlined in the Employee & Labor Relations Manual, Part 540 and 20 CFR Part 10. If you have any questions regarding this matter, please contact the District Injury Compensation Office at 708-563-8441.

I accept/  I reject the reassignment job offer. (EXPLAIN)  
Employee's Signature:

Date:



**DATE:** November 6, 2006

**OFFER OF MODIFIED ASSIGNMENT (LIMITED DUTY)**

Employee Name Cynthia Benson	DOI 08/01/01	SSN 5758	OWCP Claim # 10-2007312
Office/Work Location Matteson PO 80443	Pay Loc	Date of Injury Employee Position, Title PTF Clerk	
POSITION: PTF Clerk	OFF DAYS: Sun and Thurs		
START TIME: 8:00 am Mon-Wed & Fri, 7:00 am Sat. 8 hours pt/day, 40 hours pt/week	END TIME: 4:00 pm		
EFFECTIVE DATE: 11/11/06	REASIGNMENT DATE: 11/11/06		
REASIGNMENT POSITION TITLE(MODIFIED) Permanent Limited Duty Job Assignment		REASIGNMENT POSITION TITLE(MODIFIED) CPT PTF	

The details of this modified accomplishment are listed below:

Customer Service Advisor-Customer Assistance and Telephone Representative	8 hours	As Needed
Passport Processing and Acceptance	8 hours	As Needed
Finalize 6126 Drop Shipment scanning and updating receipts	8 hours	As Needed
Bulletin Board Maintenance and Updates throughout the facility	8 hours	As Needed
Shuttle Missent Priorities to Tinley Park; Deliver Express mail	4 hours	As Needed
Sorting and Casing PO Box mail	4 hours	As Needed
APC Director and Lobby Director	8 hours	As Needed
Window Clerk Services	8 hours	As Needed
Coordinator of Lobby beautification	8 hours	As Needed
Other work related activities that are within medical restrictions	8 hours	As Needed

1. The above statement is made in accordance with the provisions of the Federal  
2. Below, based on medical documentation dated  
3. **10/10/2007**, I declare, under penalty of perjury, that  
4. I am not currently receiving treatment for any mental disorder.

Lifting/Carrying	8 lbs 1-2 hours	Walking	8 hours
Pushing/Pulling	16 lbs 1-2 hours w/cart	Standing	8 hours
Bending/Stepping	4-5 hours	Sitting	8 hours
Twisting	4-5 hours	Reaching Above Shoulder	1-2 hours none over shoulder
Kneeling	4-5 hours	Driving	1-2 hours
Climbing	N/A	Simple grasping	Within restrictions
Other	Employee will work Mon-Wed and Fri 9am to 6 pm with a 1 hour lunch 12:30-1:30 pm and Saturday 7:00 to 3:30 pm -1/2 hour lunch. Non scheduled days Sat & Thur.		

**EMPLOYEE INFORMATION:** This assignment will remain within the physical restrictions furnished by your treating physician. You are advised not to exceed these limitations. This assignment is currently available and is subject to revision based on changes in your physical restrictions and/or operations requirements. In the event that a revision is necessary, you will be provided a revised written modified assignment. Indicate your decision in the appropriate box located at the bottom of the assignment offer and return this job offer to a supervisor within five days of your receipt. No response will be considered a refusal. If you refuse this modified assignment offer, the Office of Workers' Compensation Programs (OWCP) will be advised for whatever action they deem appropriate.

This modified assignment offer has been prepared and is offered to you in accordance with guidelines outlined in the Employee & Labor Relations Manual, Part 540 and 20 CFR Part 10. If you have any questions regarding this matter, please contact the District Injury Compensation Office at 708-563-8441.

I accept/ I reject the reassignment job offer: (EXPLAIN)  
Employee's Signature:

Date:

I certify that I received the original Offer of Modified Assignment:  
Initials: \_\_\_\_\_

- Unable to perform repetitive activities to hands or arms. No lifting over 8 lbs
- Unable to send or receive mail
- Unable to deliver mail.
- The muscles were not strong
- Should be off 2 consecutive days in order to allow for muscle recovery.  
Or to wear your <sup>old</sup> clothes

8 hr shift  
Margie J. Sauer

GERALD F. LOFTUS, M.D.  
 JOHN D. SONNENBERG, M.D.  
 D. DIRK NELSON, M.D.  
 MICHAEL G. MABAY, M.D.  
 STEPHEN V. PERNS, D.P.M.  
 MICHAEL C. MORAN, M.D.  
 WILLIAM A. HELLER, M.D.  
 JAY M. BROOKER, M.D.  
 ROBERT J. STRUGALA, M.D.

## MIDLAND

Midland  
Combined  
Orthopaedic  
Specialists

340 S. WABASH SUITE 100  8700 S. MERRION LANE  8001 S. WILLOW SPRINGS RD., #940  8717 S. WESTERN AV  
 CHICAGO, IL 60616 HOMESTEAD, IL 60460 LA GRANGE, IL 60525 CHICAGO, IL 60645  
 312/442-4600 708/425-1160 708/425-7767 773/336-5400

OFFICE/EMERGENCY	CODE	FEES	OFFICE/EMERGENCY	CODE	FEES	OFFICE/EMERGENCY	CODE	FEES
LEVEL	8000		LONG ARM	20065		ASPIRATION SMALL-PA	80000	
EMERGENCY	80005		SHORT ARM	20075		ASPIRATION MEDIUM-PA	80005	
OP/OPD/EMERGENCY			LONG LEG	20085		ASPIRATION LARGE-PA	80010	
LEVEL	8001		SHORT LEG	20465		TRIGGER POINT/IR	80080	
COMPLICATING	(2021)-24		PLASTER/ROLLS	44880		CELESTONE	80704	
SURGICAL FOLLOW-UP	80024		FIBERGLASS/ROLLS	44890		HEMLOCK	80801	
DISCHARGE/TRANS. DR.			UNINA BOOTS	80890		DISPLACEMENT	11040	
LEVEL	8004		FINGER SPLINT	80120		PIN REMOVAL	80870	
DISCHARGE/TRANS. DR.			ELASTOS	80890		EX-FIG. REMOVAL	80880	
LEVEL	8007		REMOVAL CAST	20705		X-RAY CONSULTATION	78140	
IME	8008		WINDOW CAST	20730		SPECIAL REPORTS	80040	
SAME DAY/NO/NIGHT			WEDGE CAST	20770		EDUCATIONAL	80079	
WITH PATIENT	80084		MONITORING	( )		MINERAL TESTIMONY	80078	
W/O PATIENT	80085		( )			FRACTURE CARE	( )	
PHONE	8007		( )			OTHER	( )	
			( )			SUPPLIES	( )	

## 340 S. WABASH TUNNEL SYNDROME

DIAGNOSIS: ( )

SURGERY ( ) NO ( ) 1 AM DATE: \_\_\_\_\_

OPERATION: \_\_\_\_\_

DATE OF INJURY \_\_\_\_\_ FIRST CONSULT \_\_\_\_\_

RETURN TO WORK \_\_\_\_\_

( ) NOT YET; ESTIMATED RETURN \_\_\_\_\_

( ) LIGHT DUTY ONLY AS OF \_\_\_\_\_

RESTRICTIONS: \_\_\_\_\_

POW-LEVEL \_\_\_\_\_ MM AS OF \_\_\_\_\_

( ) REGULAR DUTY; NO RESTRICTIONS AS OF \_\_\_\_\_

NEXT APPOINTMENT: \_\_\_\_\_ D \_\_\_\_\_ W \_\_\_\_\_ M \_\_\_\_\_  
 NEEDS: \_\_\_\_\_

DATE: \_\_\_\_\_ DAY: \_\_\_\_\_ TIME: \_\_\_\_\_

ANESTHESIA: \_\_\_\_\_ TESTING: \_\_\_\_\_

X

DOCTOR'S SIGNATURE

I HEREBY AUTHORIZE MY INSURANCE BENEFITS TO BE PAID TO THE ABOVE-SIGNED PHYSICIAN, REALIZING I AM RESPONSIBLE TO PAY NON-COVERED SERVICES AS AN  
 I HEREBY AUTHORIZE THE RELEASE OF PERTINENT MEDICAL INFORMATION TO INSURANCE CARRIERS.

X \_\_\_\_\_ DATE: 11/20/06

## PATIENT INFORMATION

## ACCOUNT INFORMATION

DATE	TIME	PATIENT	REFERRAL/PRE-OP	REFERRAL/PRE-OP
11/20/06 CHRG. SLIP NO.	2:30P DOCTOR	CYNTHIA	BENSON	F
6650833 TMR ACCT. NO.	RESPONSIBLE PARTY		LOCATION	80
26631 NAME	CYNTHIA OVER 60	773 / 375-1933 OVER 60	BLUE CROSS OFFICE PHONE NO.	NO CHARGE
00 INSURANCE COMPANY DOL	00 POLICY NUMBER 100469815/	00 BALANCE TYPE 00	100 TODAY'S PAYMENT 00	100 BALANCE DUE 00

PT did NOT GO  
FOR PT  
200611173

# *EXHIBIT D*

*Check Stub and  
Request for or Notification of Absence Form*

Pay not rec for 7-2-05 8 hours AL

The other horses should be sick too

102 16-0964 C. D. BENSON				02752131	16 OF	000651510
PAYROLL NUMBER		EMPLOYEE NAME		REVENUE IN	DAY PERIOD	STAFF GRADE
DETAIL INFORMATION				GRADS TO RET		LEAVE STATUS
REG-HR	REG-D	REG-H	REG-D	THIS PERIOD	YEAR-TO-DATE	ANNUAL LEAVE
10 615	2263	1110111	14710	56208	2000 PAY 10 1482	1553512
PT 615	2263	1110111	14710	000	PER YTD 1	16104
REG-H	2263	1110111	14710	47952	STATION FLSH	45381
PT 615	2263	1110111	14710	000	RETIRE 0	000
INSURANCE INCOME				HEWCARE	1483	22184
				UNIV	2157	27362
				INBRS	160	880
				ALTY	21000	2920000
				EDRSR	25000	3500000
				HEPSL	1933	26364
				TAB 0	1000	14000
				REHBC	017	26729
						LEAVE WITHOUT PAY
						THIS PP
						CUMULATIVE
						1000
						1000 UNPAID BAL. EXCLUDED
						PP 1000000

0477 07-15-2005  
00031510

\*\*\*\*\*AUTO\*\* 3-DIGIT 606  
L.D.M. CYNTHIA D BENSON  
PO BOX 802913  
CHICAGO IL 60680-2913

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**Warning:** The furnishing of false information on this form may result in a fine of not more than \$10,000 or imprisonment of not more than 5 years, or both. [www.irs.gov](http://www.irs.gov)

# *EXHIBIT E*

*Memo from Carmen Kimble*

<sup>7/30</sup>  
Mary Barrisha  
Request Disability  
Retirement Payment

(708) 563-7344  
she can explain  
process - Connie

# *EXHIBIT F*

*Email from Dale Schultz*

*7418*  
-60443 Postmaster, II

*S. Zimmerman*  
*1/11*

**From:** Schultz, Dale C - Bedford Park, IL  
**Sent:** Wednesday, December 31, 2003 12:41 PM  
**To:** -60443 Postmaster, II  
**Subject:** PTF Hours

Hi Carmen:

I cannot find a way not to pay C. Banzon for the period of 12/13/03 to 12/26/03. She is asking for 6 hours, when really she is entitled to 10 hours. I will verify she is short 6 hours.

Please work her at least 4.5 hours per day x 6 days which will give her 27 hours per week. I would hate to have to go back further if she asks for compensation because you work her 24 hours per week. Her job offer has her start time as 9 a.m. to 1 p.m. (4 hours per day). How can I argue with the Department of Labor when it is in print and her payroll journal supports this? If she is asking to leave early, support her request with 3971's and charge her time to code 59 so I can differentiate this time from non-scheduled hours in the future.

Sorry, but I can't deny her request for additional compensation because I have nothing to support my denial of her claim.

Dale